eocco
EASTERN OREGON
COORDINATED CARE
ORGANIZATION

EOCCO Pharmacy Formulary

Effective 2/1/2022

Medications that are new to the market are not included within your pharmacy benefit until reviewed by the Pharmacy and Therapeutics Committee. Please contact Moda Health Customer Service if you are taking a medication that is new to the market. Please note that this list is subject to change at any time.

Questions?

Call Pharmacy Customer Service at 888-474-8539.

OPDP
Oregon Prescription Drug Program

How to read your pharmacy formulary

Refer to the chart below for a list of prescription medications covered by Moda Health. Medications that are new to the market are subject to a review period. Please contact us if you are taking a medication that is new to the market.

Medication Tier Key		Medication Restrictions Key	
Capital letters	Brand name medications	**SMKG**	Smoking Cessation – Smoking cessation medications are in the preventive tier and covered at no cost to you. Certain restrictions may apply.
Small letters	Generic medications	**VAC**	Vaccine Program – Certain immunizations and related administration fees are covered at no cost to you if received at in-network retail pharmacies.
Tier 1	Generic Retail	**AMSP**	Ardon Mandatory Specialty Pharmacy Program – You must access these specialty medications through the exclusive Ardon Health Specialty pharmacy. All specialty medications require a prior authorization before they can be dispensed. To enroll with Ardon Health Specialty Pharmacy, call toll-free at 855-425-4085.
Tier 2	Brand Retail	**LMSP**	Lumicera Mandatory Specialty Pharmacy Program – You must access these specialty medications through the exclusive Lumicera Specialty pharmacy. All specialty medications require a prior authorization before they can be dispensed. To enroll with Lumicera Specialty Pharmacy, call toll-free at 855-847-3553.
Tier 3	Generic Specialty	**LD**	Limited Distribution – You must access these specialty medications through the exclusive specialty pharmacy indicated. All specialty medications require a prior authorization before they can be dispensed.
Tier 4	Brand Specialty	**ST**	Step therapy – You must try one or more “first line” medications before you can get this step therapy medication.

OTC	Over-the-Counter – Medications may be purchased without a professional provider's prescription. Moda Health follows the federal designation of OTC medications to decide if an OTC medication is covered	**PA**	Prior authorization required – Your healthcare provider must work directly with Moda Health to obtain approval before we can process payment for a specific medication.
QL	Quantity limits – Some medications have limits to how much you can get per prescription or refill.		

This document is provided for informational purposes only and is intended as a quick reference. For cost and further details of the coverage, including exclusions, prior authorization requirements, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

***Bold Italic* =** Brand name; Regular Font = Generic;
SP = Specialty medications**; PA =** Prior authorization required; **ST =** Step therapy required; **QL =** Quantity limits; **A =** Age limits

Search Tip:
This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar or using the CTRL+F search function from your keyboard. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

EOCCO Formulary
Alphabetical Index
Last Updated 2/1/2022

Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	1	ANTIVIRALS
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	1	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	1	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	1	ANTIVIRALS
abaneu sl tab	-	1	HEMATOPOIETIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv)	AMSP	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
acarbose tab (PRECOSE equiv) (QL=3 tabs/day)	QL	1	ANTIDIABETICS
ACCU-CHEK TENDER	-	1	MEDICAL DEVICES AND SUPPLIES
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
acetaminophen chew tab 80mg	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen elixir	-	1	ANALGESICS - NONNARCOTIC
acetaminophen er tab	-	1	ANALGESICS - NONNARCOTIC
acetaminophen soln	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen susp	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen tab	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen/codeine soln (QL= 990ml/30 days)	QL	1	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
acetaminophen/codeine tab 300mg/60mg (TYLENOL/CODEINE equiv) (QL= 6 tabs/day)	QL	1	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	3	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1	DIURETICS
acetazolamide tab	-	1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
ACIPHEX SPRINKLE CAP	-	2	ULCER DRUGS
ACIPHEX SPRINKLE CAP (QL= 1 cap/day)	--QL	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ACTHIB INJ	-	2	VACCINES
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTINEOPLASTICS
ACTIVE FE TAB	-	2	HEMATOPOIETIC AGENTS
ACUVAIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir oint (ZOVIRAX OINT equiv)	-	1	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	2	TOXOIDS
adapalene-benzoyl peroxide gel 0.3-2.5%	QL	2	DERMATOLOGICALS
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP	3	ANTIVIRALS
ADMELOG INJ (QL= 60ml/30 days)	QL	2	ANTIDIABETICS
ADMELOG SOLOSTAR INJ (QL= 60ml/30 days)	QL	2	ANTIDIABETICS

NC =Not Covered | **generic** =small letters | **BRANDS** =CAPITAL LETTERS

AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
ADVAIR HFA INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVATE INJ	PA	4	HEMATOLOGICAL AGENTS - MISC.
AEMCOLO TAB	-	2	ANTI-INFECTIVE AGENTS - MISC.
AFLURIA INJ	VAC	2	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	2	VACCINES
AFREZZA INH POWDER	--PA	2	ANTIDIABETICS
AKTEN OPHTH GEL	-	2	OPHTHALMIC AGENTS
AKYNZEO CAP (Step Therapy requires trial of aprepitant, granisetron, or ondansetron)	ST	2	ANTIEMETICS
albendazole tab (ALBENZA equiv)	-	1	ANTHELMINTICS
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROAIR equiv)	QL--	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL--	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEB SOLN	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALCAINE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
alclometasone cream (ACLOVATE equiv)	-	1	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	1	DERMATOLOGICALS
ALCORTIN A GEL	-	2	DERMATOLOGICALS
ALDACTAZIDE TAB 50-50MG	-	2	DIURETICS
ALECENSA CAP (QL=8 caps/day)	AMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP	-	2	ANTI-INFECTIVE AGENTS - MISC.
ALKINDI SPRINKLE CAP	PA	4	CORTICOSTEROIDS
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALOCRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALOGLIPTIN TAB (QL= 1 tab/day; Step Therapy requires trial of ALOGLIPTIN/METFORMIN, ALOGLIPTIN, metformin)	QL-ST	1	ANTIDIABETICS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
ALOGLIPTIN/METFORMIN TAB (QL= 2 tabs/day; Step Therapy requires trial o ALOGLIPTIN/METFORMIN, ALOGLIPTIN/PIOGLITAZONE, ALOGLIPTIN, metformin or metformin ER)	QL-ST	1	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALOQUIN GEL	-	2	DERMATOLOGICALS
alosetron tab (LOTRONEX equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ALTABAX OINT	-	2	DERMATOLOGICALS
altafluor benox ophth soln	-	1	OPHTHALMIC AGENTS
ALTOPREV TAB	-	2	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	2	DERMATOLOGICALS
ALVESCO INHALER 160MCG (QL= 2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALVESCO INHALER 80MCG (QL= 4 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amantadine cap (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine tab	-	1	ANTIPARKINSON AGENTS
ambrisentan tab (LETAIRIS equiv) (Only available through Ardon 855-425-4085)	AMSP-PA	3	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	1	DERMATOLOGICALS
AMCINONIDE LOTION	-	1	DERMATOLOGICALS
AMCINONIDE OINT	-	3	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	1	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	1	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	1	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	1	DERMATOLOGICALS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
AMOXICILLIN/CLAVULANATE CHEW TAB	-	1	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	1	PENICILLINS
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	1	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (QL=2 caps/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv) (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
AMPICILLIN CAP	-	1	PENICILLINS
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin susp	-	1	PENICILLINS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM HC LOTION	-	2	ANORECTAL AGENTS
ANALPRAM-E KIT	-	2	ANORECTAL AGENTS
ANASTIA LOTION	-	2	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH 2 MG/24 HR (QL= 2 patches/day)	QL	2	ANDROGENS-ANABOLIC
ANDRODERM PATCH 4 MG/24 HR (QL= 1 patch/day)	QL	2	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	2	ESTROGENS
ANIMI-3 CAP	-	2	HEMATOPOIETIC AGENTS
antacid chew tab	OTC	1	ANTACIDS
antacid susp	OTC	1	ANTACIDS
ANTICOAGULANT SODIUM CITRATE INJ	-	1	ANTICOAGULANTS
ANTIPYRINE/BENZOCAINE OTIC SOLN 1.4-5.5%	-	2	OTIC AGENTS
APEXICON E CREAM (PSORCON E equiv)	-	2	DERMATOLOGICALS
APLIGRAF DISK	-	2	DERMATOLOGICALS
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	4	ANTIPARKINSON AGENTS
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days)	QL	1	ANTIEMETICS
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days)	QL	1	ANTIEMETICS
APTIOM TAB (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
APTIOM TAB 600MG (QL=2 tabs/day)	QL	2	ANTICONVULSANTS
APTIVUS CAP	-	2	ANTIVIRALS
APTIVUS SOLN	-	2	ANTIVIRALS
AQUORAL SPRAY	-	2	MOUTH/THROAT/DENTAL AGENTS
ARANESP INJ	AMSP-PA	4	HEMATOPOIETIC AGENTS
ARCAPTA NEOHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
artificial tear drops	OTC	1	OPHTHALMIC AGENTS
artificial tears	-	1	OPHTHALMIC AGENTS
artificial tears soln	-	1	OPHTHALMIC AGENTS
ARTISS INJ	-	2	HEMOSTATICS
ARZOL SILVER NITRATE APPLICATOR	-	1	DERMATOLOGICALS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	1	CONTRACEPTIVES
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	1	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	1	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	1	ANALGESICS - NONNARCOTIC
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	1	ANALGESICS - NONNARCOTIC
ASPIRIN TAB 81MG	OTC	1	ANALGESICS - NONNARCOTIC

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	1	ANALGESICS - NONNARCOTIC
ASPIRIN/OMEPRAZOLE ER TAB	-	1	HEMATOLOGICAL AGENTS - MISC.
ASTAGRAF XL CAP	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
ASTRINGYN SOLN	-	2	HEMOSTATICS
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	1	ANTIVIRALS
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	1	ANTIVIRALS
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	1	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
atorvastatin tab 10mg (LIPITOR equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg (LIPITOR equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERLIPIDEMICS
atorvastatin tab 80mg (LIPITOR equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
atropine ophth oint	-	1	OPHTHALMIC AGENTS
ATROPINE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL=1 bottle/30 days)	--QL	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUSTEDO TAB (QL= 4 tabs/day)	AMSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ 0.15MG	QL	2	VASOPRESSORS
AVANDIA TAB	-	2	ANTIDIABETICS
AVIDOXY DK KIT	-	2	TETRACYCLINES
AVITENE POWDER	-	2	HEMOSTATICS
AVITENE SHEET	-	2	HEMOSTATICS
AVONEX INJ	AMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AVONEX INJ (QL=1 inj/28 days)	AMSP-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AZASITE SOLN	-	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azelastine ophth soln (OPTIVAR equiv)	-	1	OPHTHALMIC AGENTS
AZELEX CREAM	-	2	DERMATOLOGICALS
azithromycin powder pack	-	1	MACROLIDES
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
B-12 DOTS TAB	-	1	HEMATOPOIETIC AGENTS
bacitracin oint	-	1	DERMATOLOGICALS
BACITRACIN OPHTH OINT	-	1	OPHTHALMIC AGENTS
bacitracin zinc oint	OTC	1	DERMATOLOGICALS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
baclofen tab (BACLOFEN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	1	MUSCULOSKELETAL THERAPY AGENTS
BALCOLTRA TAB	-	2	CONTRACEPTIVES

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BAQSIMI NASAL POWDER	-	2	ANTIDIABETICS
BARACLUDE SOLN	AMSP	4	ANTIVIRALS
BASAGLAR INJ (QL= 60ml/30 days)	QL	1	ANTIDIABETICS
BAXDELA TAB (QL= 28 tabs/14 day)	QL	2	FLUOROQUINOLONES
BCG VACCINE INJ	-	2	VACCINES
B-D INSULIN SYRINGE	--OTC	1	MEDICAL DEVICES AND SUPPLIES
B-D INSULIN SYRINGE	--OTC	3	MEDICAL DEVICES AND SUPPLIES
BD NEEDLES	OTC	3	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	3	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	1	ULCER DRUGS
BECONASE AQ NASAL SPRAY (QL= 1 bottle/15 days; 2 fills/month)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELLADONNA ALKALOID/OPIUM SUPP	-	1	ULCER DRUGS
BENAZEPEPRIL/HYDROCHLOROTHIAZIDE TAB	-	2	ANTIHYPERTENSIVES
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
BENSAL HP OINT	-	2	DERMATOLOGICALS
BENZHYDROCODONE-ACETAMINOPHEN TAB (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
BENZNIDAZOLE TAB (QL= 360 tabs/365 days)	QL	1	ANTHELMINTICS
BENZODOX PAK	-	2	TETRACYCLINES
benzonatate cap (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
benzoyl peroxide liquid	-	1	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	2	DERMATOLOGICALS
benztropine tab	-	1	ANTIPARKINSON AGENTS
BEPREVE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
BETADINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone augmented gel	-	1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone diproprionate lotion	-	1	DERMATOLOGICALS
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
betasept liquid	OTC	1	ANTISEPTICS & DISINFECTANTS
betaxolol ophth soln (BETOPTIC-S equiv)	-	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BEXSERO INJ	VAC	2	VACCINES
BIAFINE EMULSION	-	1	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB	-	2	CARDIOVASCULAR AGENTS - MISC.
BIFERARX TAB	-	1	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	2	ESTROGENS
BIKTARVY TAB	-	2	ANTIVIRALS
BIKTARVY TAB 30-120-15MG (QL=1 tab/day)	QL	2	ANTIVIRALS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
bimatoprost ophth soln (Step Therapy requires trial of latanoprost ophth soln)	ST	1	OPHTHALMIC AGENTS
BINOSTO TAB (QL= 4 tabs/28 days)	QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
BIONECT CREAM	-	2	DERMATOLOGICALS
BIOTHRAX INJ	-	2	VACCINES
bisacodyl supp	-	1	LAXATIVES
bisacodyl tab	OTC	1	LAXATIVES
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLEPH-10 OPHTH SOLN	-	1	OPHTHALMIC AGENTS
BLEPHAMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	2	OPHTHALMIC AGENTS
BLOOD PRESSURE MONITOR	-	1	MEDICAL DEVICES AND SUPPLIES
bosentan tab (TRACLEER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	3	CARDIOVASCULAR AGENTS - MISC.
BOSULIF TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BPO GEL 8%	-	1	DERMATOLOGICALS
BRILINTA TAB 60MG	-	2	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	1	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	1	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	1	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
BRYHALI LOTION	-	2	DERMATOLOGICALS
budesonide ER tab (UCERIS equiv)	-	1	CORTICOSTEROIDS
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide inh susp 1mg/2ml (QL= 60 units/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide SR cap (ENTOCORT EC equiv)	-	1	CORTICOSTEROIDS
BUDESONIDE/FORMOTEROL INHALER (QL 1 inhaler/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
buffered aspirin tab	-	1	ANALGESICS - NONNARCOTIC
BUFFERIN TAB 325MG	OTC	1	ANALGESICS - NONNARCOTIC
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL FILM	-	2	ANALGESICS - OPIOID
buprenorphine patch 15mcg/hr	-	1	ANALGESICS - OPIOID
buprenorphine patch 7.5mcg/hr	-	1	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv) (QL= 3 tabs/day)	QL	1	ANALGESICS - OPIOID
buprenorphine/naloxone sl film 12-3mg (SUBOXONE SL FILM equiv) (QL= 2 films/day)	QL	1	ANALGESICS - OPIOID
buprenorphine/naloxone sl film 2-0.5MG (SUBOXONE equiv) (QL= 1 film/day)	QL	1	ANALGESICS - OPIOID
buprenorphine/naloxone sl film 4-1MG (SUBOXONE equiv) (QL= 1 film/day)	QL	1	ANALGESICS - OPIOID
buprenorphine/naloxone sl film 8-2mg (SUBOXONE SL FILM equiv) (QL= 2 films/day)	QL	1	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv) (QL= 90 tabs/30 days)	QL	1	ANALGESICS - OPIOID
bupropion SR tab (ZYBAN equiv)	SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine cap (FIORICET equiv) (QL=6 caps/day)	QL	1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL= 6 caps/day)	QL	1	ANALGESICS - OPIOID
butalbital/aspirin/caffeine cap (FIORINAL equiv)	-	1	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	1	ANALGESICS - NONNARCOTIC
butalbital/aspirin/caffeine/codeine cap (FIORINAL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
butenafine cream	OTC	1	DERMATOLOGICALS
butorphanol nasal spray (QL= 1 bottle/15 days; 2 fills/30 days)	QL	1	ANALGESICS - OPIOID
cabergoline tab (DOSTINEX equiv) (QL=16 tabs/30 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
caffeine citrate soln (CAFCIT equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	1	DERMATOLOGICALS
calcipotriene oint	-	1	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	1	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (CALCITRIOL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
calcium carbonate tab	OTC	1	MINERALS & ELECTROLYTES
CALCIUM CITRATE TAB 200MG	OTC	1	MINERALS & ELECTROLYTES
calcium citrate/vitamin d3 tab	OTC	1	MINERALS & ELECTROLYTES
calcium citrate/vitamin d3 tab 315mg/200unit	OTC	1	MINERALS & ELECTROLYTES
calcium/vitamin d3 tab	OTC	1	MINERALS & ELECTROLYTES
calcium/vitamin d3 tab 600mg/200unit	OTC	1	MINERALS & ELECTROLYTES
calcium/vitamin d3 tab 600mg/400unit	OTC	1	MINERALS & ELECTROLYTES
calcium/vitamin d3 tab 600mg/800unit	OTC	1	MINERALS & ELECTROLYTES
CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES AND SUPPLIES
CALQUENCE TAB (QL=2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER PACKET	-	2	MIGRAINE PRODUCTS
camrese lo tab, lojaimiess tab (QL= 91 tabs/91 days)	QL	1	CONTRACEPTIVES
candesartan tab (ATACAND equiv) (Step Therapy requires trial of 2: irbesartan, irbesartan/hctz. losartan, or losartan/hctz)	ST	1	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of 2: irbesartan, irbesartan/hctz. losartan, or losartan/hctz)	ST	1	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	AMSP	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	2	DERMATOLOGICALS
capsaicin cream 0.025%	OTC	1	DERMATOLOGICALS
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	1	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	ST--	1	ANTIHYPERTENSIVES

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	1	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA ODT	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
CARBINOXAMINE SOLN	-	1	ANTIHISTAMINES
carbinoxamine soln (PALGIC equiv)	-	1	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv) (QL=240 tabs/30 days)	QL	1	ANTIHISTAMINES
CARDIOVID PLUS CAP	-	1	NUTRIENTS
CARDIZEM LA TAB	-	2	CALCIUM CHANNEL BLOCKERS
CARDURA XL TAB	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
carglumic acid tab (Only available through AnovoRx 844-288-5007)	LD-PA	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv) (Step Therapy requires trial of 2: cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	ST	1	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	1	MUSCULOSKELETAL THERAPY AGENTS
CARTEOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	1	OPHTHALMIC AGENTS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CEFACLOR CAP	-	1	CEPHALOSPORINS
cefaclor cap (CECLOR equiv)	-	1	CEPHALOSPORINS
CEFACLOR ER TAB	-	1	CEPHALOSPORINS
CEFACLOR SUSP	-	1	CEPHALOSPORINS
cefaclor susp (CEFACLOR equiv)	-	1	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
CEFADROXIL TAB	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	1	CEPHALOSPORINS
CEFDITOREN TAB	-	1	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	1	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	1	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	1	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	1	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap 400mg (QL= 2 caps/day)	QL-ST	1	ANALGESICS - ANTI-INFLAMMATORY

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
CELONTIN CAP	-	2	ANTICONVULSANTS
CENTANY AT KIT	-	2	DERMATOLOGICALS
CENTRATEX CAP	-	2	HEMATOPOIETIC AGENTS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN TAB	-	1	CEPHALOSPORINS
CEQUR SIMPLICITY, INPEN INSULIN INJECTION DEVICE	-	1	MEDICAL DEVICES
CERVARIX INJ	VAC	2	VACCINES
CERVIDIL INSERTS	-	2	OXYTOCICS
CESAMET CAP (QL= 1 cap/day)	QL	2	ANTIEMETICS
CETACAINE ANESTHETIC LIQUID	-	2	DERMATOLOGICALS
CETACAINE SPRAY	-	2	DERMATOLOGICALS
cetirizine chew tab (ZYRTEC equiv)	OTC-QL	1	ANTIHISTAMINES
cetirizine tab (ZYRTEC equiv)	OTC	1	ANTIHISTAMINES
cevimeline cap (EVOXAC equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK	SMKG	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX PAK (Limited to180 days/plan year)	SMKG-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB	SMKG	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	2	ANTIDOTES
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	1	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
CHLOROQUINE TAB	-	1	ANTIMALARIALS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	1	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
chlorpheniramine ER cap	-	1	ANTIHISTAMINES
chlorpheniramine tab	-	1	ANTIHISTAMINES
chlorthalidone tab	-	1	DIURETICS
chlorzoxazone tab 250mg (QL=4 tabs/day)	QL	1	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	1	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4	GASTROINTESTINAL AGENTS - MISC.
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1	ANALGESICS - NONNARCOTIC
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	1	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT	-	2	OPHTHALMIC AGENTS
CIMDUO TAB (QL= 1 tab/day)	QL	2	ANTIVIRALS
CIMETIDINE SOLN	-	1	ULCER DRUGS
cimetidine soln (CIMETIDINE equiv)	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	OTC	1	ULCER DRUGS
CIPRO HC OTIC SUSP	-	2	OTIC AGENTS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
CIPROFLOXACIN 100MG TAB	-	1	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	1	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	1	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	1	FLUOROQUINOLONES
CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN (QL= 1 bottle/7 days)	QL	1	OTIC AGENTS
CITRACAL MAXIMUM TAB	OTC	1	MINERALS & ELECTROLYTES
CITRANATAL RX TAB	-	2	MULTIVITAMINS
CITRATE PHOSPHATE DEXTROSE SOLN	-	1	ANTICOAGULANTS
CLARINEX-D 12 HOUR	-	2	COUGH/COLD/ALLERGY
CLARITHROMYC SUSP	-	1	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	1	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	1	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
CLEMASTINE TAB	-	1	ANTIHISTAMINES
CLENPIQ SOLN	-	2	LAXATIVES
CLEOCIN VAGINAL SUPP	-	2	VAGINAL PRODUCTS
CLIMARA PRO PATCH	-	2	ESTROGENS
CLINDACIN KIT	-	2	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	1	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	2	VAGINAL PRODUCTS
clobetasol E foam (OLUX E equiv)	-	1	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	1	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	1	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	1	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	1	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	1	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	1	DERMATOLOGICALS
CLODAN KIT	-	2	DERMATOLOGICALS
clonazepam ODT (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine patch (CATAPRES-TTS equiv) (QL=1 patch/7 days)	QL	1	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	1	HEMATOLOGICAL AGENTS - MISC.
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
clotrimazole cream (LOTRIMIN AF CREAM equiv)	OTC	1	DERMATOLOGICALS
clotrimazole soln	OTC	1	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole vaginal cream	OTC	1	VAGINAL PRODUCTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	1	DERMATOLOGICALS
COARTEM TAB	-	2	ANTIMALARIALS
CODEINE SULFATE SOLN	-	1	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	1	ANALGESICS - OPIOID
COLCHICINE CAP	-	1	GOUT AGENTS
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	1	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
colesevelam tab (WELCHOL equiv)	-	1	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
COMBIPATCH	-	2	ESTROGENS
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMFORT PAC-NAPROXEN KIT	-	2	ANALGESICS - ANTI-INFLAMMATORY
COMPLERA TAB (QL= 1 tab/day)	QL	2	ANTIVIRALS
COMPLETE NATAL DHA PACK	-	2	MULTIVITAMINS
CONCEPTION KIT	-	1	MEDICAL DEVICES AND SUPPLIES
CORDRAN TAPE	-	2	DERMATOLOGICALS
CORLANOR SOLN	QL	2	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	QL	2	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B LOTION	-	2	DERMATOLOGICALS
CORTIFOAM	-	2	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	2	DERMATOLOGICALS
CORTISPORIN OINT	-	2	DERMATOLOGICALS
corvita 150 tab	-	1	HEMATOPOIETIC AGENTS
CORVITE TAB	-	2	MULTIVITAMINS
COSENTYX INJ (1-PACK) (QL=1 inj/28 days)	AMSP-PA-QL	4	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL=2 inj/28 days)	AMSP-PA-QL	4	DERMATOLOGICALS
COTEMPLA XR ODT 25.9MG	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
COTEMPLA XR ODT 8.6MG	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
COVID-19 HOME COLLECTION TEST KIT (QL= 8 kits/30 days)	OTC-QL	1	DIAGNOSTIC PRODUCTS
COVID-19 TEST (QL=8 tests/30 days)	OTC-QL	1	DIAGNOSTIC PRODUCTS
COVID-19 TEST SPECIMEN COLLECTION KIT (Q= 8 kits/30 days)	OTC-QL	1	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE INJ	-	2	VACCINES
CREON CAP	-	2	DIGESTIVE AIDS
CRESEMBA CAP	PA	2	ANTIFUNGALS
CRINONE GEL	-	2	VAGINAL PRODUCTS
CRIXIVAN CAP	-	2	ANTIVIRALS
cromolyn neb soln (INTAL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CROTAN LOTION	-	2	DERMATOLOGICALS
cryselle tab	-	1	CONTRACEPTIVES
CUROSURF INJ	-	2	RESPIRATORY AGENTS - MISC.
CUTAQUIG INJ (QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
cvs nasal decongestant cap (QL=240 caps/30 days)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
cyclobenzaprine tab (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CYCLOMYDRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	1	ANTINEOPLASTICS
CYCLOSERINE CAP	-	1	ANTIMYCOBACTERIAL AGENTS
cycloserine cap (CYCLOSERINE equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
cyclosporine cap (SANDIMMUNE equiv)	-	1	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	1	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	1	ASSORTED CLASSES
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTADANE POWDER	PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYTRA K CRYSTALS	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
daily multi vitamin tab	-	1	MULTIVITAMINS
dailyvite tab	-	1	MULTIVITAMINS
danazol cap (DANOCRINE equiv)	-	1	ANDROGENS-ANABOLIC
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
DAYTRANA PATCH	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
DEBACTEROL SOLN	-	2	MOUTH/THROAT/DENTAL AGENTS
DEBROX OTIC SOLN	OTC	1	OTIC AGENTS
deferasirox granules packet (JADENU equiv)	AMSP-PA	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv)	AMSP	3	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (JADENU equiv)	AMSP	3	ANTIDOTES AND SPECIFIC ANTAGONISTS
DELSTRIGO TAB	-	2	ANTIVIRALS
demeclocycline tab (DECLOMYCIN equiv)	-	1	TETRACYCLINES
DENAVIR CREAM	-	2	DERMATOLOGICALS
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	2	CONTRACEPTIVES
DERMACINRX LEXITRAL PAK	-	2	DERMATOLOGICALS
DERMACINRX PUREFOLIX TAB	-	2	HEMATOPOIETIC AGENTS
DERMAGRAFT SHEET	-	2	DERMATOLOGICALS
DESCOVY TAB	PA	2	ANTIVIRALS
desloratadine tab (CLARINEX equiv) (QL= 1 tab/day)	QL	1	ANTIHISTAMINES
desonate gel	-	1	DERMATOLOGICALS
DESONATE GEL	-	2	DERMATOLOGICALS
desonide cream	-	1	DERMATOLOGICALS
desonide lotion	-	1	DERMATOLOGICALS
desonide oint	-	1	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	1	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	1	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	1	DERMATOLOGICALS
DEXAMETHASONE CONC	-	2	CORTICOSTEROIDS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone ophth soln	-	1	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	1	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	1	CORTICOSTEROIDS
DEXAMETHASONE TAB	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXCHLORPHENIRAMINE SYRUP	-	1	ANTIHISTAMINES
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days)	PA-QL	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 4 transmitters/365 days)	PA-QL	2	MEDICAL DEVICES AND SUPPLIES
DEXILANT CAP (QL=1 cap/day)	QL	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexmethylphenidate tab (FOCALIN equiv) (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
dextroamphetamine 5mg tab (QL= 3 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 4 caps/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
DIALYVITE 5000 TAB	-	2	MULTIVITAMINS
DIALYVITE 800 WITH IRON TAB	-	1	MULTIVITAMINS
DIALYVITE TAB	-	1	MULTIVITAMINS
DIAPHRAGM	-	1	MEDICAL DEVICES AND SUPPLIES
DIAZEPAM RECTAL GEL (QL= 1 unit/30 days)	QL	1	ANTICONVULSANTS
DIAZEPAM RECTAL GEL	QL--	2	ANTICONVULSANTS
diazoxide susp (PROGLYCEM equiv) (QL=336 ml/30 days)	QL	1	ANTIDIABETICS
diclofenac gel (SOLARAZE equiv)	-	1	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL=400grams/30 days)	QL	1	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	1	DERMATOLOGICALS
diclofenac/capsaicin kit	-	2	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	1	ANTIVIRALS
DIFICID SUSP (QL= 126 mL/10 days)	QL	2	MACROLIDES
DIFICID TAB (QL=20 tabs/10 days)	QL	2	MACROLIDES
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
difluprednate ophth emulsion	QL	Non-formulary	OPHTHALMIC AGENTS
digoxin soln (LANOXIN equiv)	-	2	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
DILATRATE SR CAP	-	2	ANTIANGINAL AGENTS
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 2 caps/day)	AMSP-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= caps/day)	AMSP-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIPENTUM CAP	-	2	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
diphenhydramine chew tab	-	1	ANTIHISTAMINES
diphenhydramine liquid	--OTC	1	ANTIHISTAMINES
diphenhydramine ODT	-	1	ANTIHISTAMINES
diphenhydramine tab	OTC	1	ANTIHISTAMINES
diphenhydramine/acetaminophen tab	OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DIPHENOXYLATE/ATROPINE LIQUID	-	1	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
DIPHTHERIA-TETANUS TOXOIDS-PED INJ	-	2	TOXOIDS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	1	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	2	DIURETICS
DIVIGEL GEL, ELESTRIN GEL	-	2	ESTROGENS
docusate cap	--OTC	1	LAXATIVES
docusate liquid	-	1	LAXATIVES
docusate syrup	-	1	LAXATIVES
dofetilide cap 500mcg	-	1	ANTIARRHYTHMICS
donepezil ODT (ARICEPT equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 10mg (ARICEPT equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 5mg (ARICEPT equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	2	ULCER DRUGS
DONNATAL TAB	-	2	ULCER DRUGS
DORYX MPC TAB 120MG	-	2	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	1	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day)	QL	1	TETRACYCLINES
doxycycline hyclate tab 20mg	-	1	TETRACYCLINES
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	1	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	1	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	1	ANTIEMETICS
dronabinol cap (MARINOL equiv)	PA	1	ANTIEMETICS
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
DSUVIA SL TAB	-	2	ANALGESICS - OPIOID
DUAKLIR INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUAVEE TAB	-	2	ESTROGENS
DUET DHA 400 PACK	-	2	MULTIVITAMINS
DULERA INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUOBRII LOTION (QL=1 tube/30 days; Step Therapy requires trial of a high potency topical steroid)	QL-ST	2	DERMATOLOGICALS
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	4	DERMATOLOGICALS
DUPIXENT INJ (QL=2 inj/28 days)	AMSP-PA-QL	4	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	4	DERMATOLOGICALS
DUREZOL OPHTH EMULSION	QL	Non-formulary	OPHTHALMIC AGENTS
DURLAZA CAP	-	2	HEMATOLOGICAL AGENTS - MISC.
dutasteride cap (AVODART equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
dvorah tab	-	1	ANALGESICS - OPIOID
DXEVO 11-DAY PAK	-	2	CORTICOSTEROIDS
ear wax removal drops	-	1	OTIC AGENTS
econazole cream (SPECTAZOLE equiv)	-	1	DERMATOLOGICALS
ECOTRIN EC TAB 325MG	OTC	1	ANALGESICS - NONNARCOTIC
ECOZA FOAM	-	2	DERMATOLOGICALS
EDARBI TAB	-	2	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	2	ANTIHYPERTENSIVES
EDLUAR SL TAB 10MG (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
EDLUAR SL TAB 5MG (QL=2 tabs/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
EDURANT TAB	-	2	ANTIVIRALS
efavirenz cap (SUSTIVA equiv)	-	1	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	1	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	1	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) (QL= 1 tab/day)	QL	1	ANTIVIRALS
EFFER-K TAB	-	2	MINERALS & ELECTROLYTES
EGATEN TAB	-	2	ANTHELMINTICS
ELIQUIS STARTER PACK (QL= 1 pack /30 days)	QL	2	ANTICOAGULANTS
ELIQUIS TAB 2.5MG (QL= 2 tabs/1 day)	QL	2	ANTICOAGULANTS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	2	CONTRACEPTIVES
ELMIRON CAP (QL= 3 caps/day)	QL	2	GENITOURINARY AGENTS - MISCELLANEOUS
eluryng vaginal ring (NUVARING equiv) (QL=1 ring/21 days)	QL	1	CONTRACEPTIVES
EMCYT CAP	PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day)	QL	1	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 1 tab/day)	QL	1	ANTIVIRALS
EMTRIVA SOLN	-	2	ANTIVIRALS
EMVERM TAB	-	2	ANTHELMINTICS
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL=4 inj/28 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENDO-AVITENE SHEET	-	2	HEMOSTATICS
ENGERIX-B INJ	VAC	1	VACCINES
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	2	VACCINES
enoxaparin inj 100mg (LOVENOX equiv) (QL= 20ml/30 days)	QL	1	ANTICOAGULANTS
enoxaparin inj 120mg (LOVENOX equiv) (QL= 16ml/30 days)	QL	1	ANTICOAGULANTS
enoxaparin inj 150mg (LOVENOX equiv) (QL= 20ml/30 days)	QL	1	ANTICOAGULANTS
enoxaparin inj 300mg (LOVENOX equiv) (QL= 30ml/30 days)	QL	1	ANTICOAGULANTS
enoxaparin inj 30mg (LOVENOX equiv) (QL= 6ml/30 days)	QL	1	ANTICOAGULANTS
enoxaparin inj 40mg (LOVENOX equiv) (QL= 8ml/30 days)	QL	1	ANTICOAGULANTS
enoxaparin inj 60mg (LOVENOX equiv) (QL= 12ml/30 days)	QL	1	ANTICOAGULANTS
enoxaparin inj 80mg (LOVENOX equiv) (QL= 16ml/30 days)	QL	1	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	-	1	CONTRACEPTIVES
ENSTILAR FOAM	-	2	DERMATOLOGICALS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	AMSP-QL	3	ANTIVIRALS
ENTRESTO TAB (QL= 2 tabs/day)	QL	2	CARDIOVASCULAR AGENTS - MISC.
ENVARSUS XR TAB	-	2	ASSORTED CLASSES
EPICERAM EMULSION	-	2	DERMATOLOGICALS
EPIDUO FORTE	-	2	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	1	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
EPINEPHRINE INJ 0.15MG (QL=2 inj/30 days)	QL	1	VASOPRESSORS
EPINEPHRINE INJ 0.3MG (QL= 2 inj/30 days)	QL	1	VASOPRESSORS
epinephrine pen inj 0.15mg (1-Pack) (QL=2 inj/30 days)	QL	1	VASOPRESSORS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/30 days)	QL	1	VASOPRESSORS
epinephrine pen inj 0.3mg (1-Pack) (QL=2 inj/30 days)	QL	1	VASOPRESSORS
EPIVIR HBV SOLN	AMSP	4	ANTIVIRALS
eplerenone tab (INSPRA equiv) (QL= 2 tabs/day)	QL	1	ANTIHYPERTENSIVES
EPOGEN INJ	AMSP-PA	4	HEMATOPOIETIC AGENTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
ERGOLOID MESYLATES TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergoloid mesylates tab (HYDERGINE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	-	2	MIGRAINE PRODUCTS
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 100mg (TARCEVA equiv)	AMSP	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 150mg (TARCEVA equiv)	AMSP	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv)	AMSP	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	2	DERMATOLOGICALS
ERY PAD	-	1	DERMATOLOGICALS
ERYTHROCIN TAB	-	1	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	1	MACROLIDES
ERYTHROMYCIN EC CAP	-	1	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	1	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	1	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin stearate tab	-	1	MACROLIDES
erythromycin tab (ERY-TAB equiv)	-	1	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	1	MACROLIDES
ESKATA SOLN	-	2	DERMATOLOGICALS
esomeprazole DR granule pack (NEXIUM equiv) (QL=1 pack/day)	QL	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ESOMEPRAZOLE STRONTIUM CAP	-	1	ULCER DRUGS
ESOMEPRAZOLE-EZS KIT	-	2	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1	ESTROGENS
estradiol cream (ESTRACE equiv)	-	1	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	1	ESTROGENS
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	1	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	1	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	1	ESTROGENS
ESTROGEL PUMP 1.25GM (QL= 1 bottle/30 days)	QL	2	ESTROGENS
ESTROPIPATE TAB	-	3	ESTROGENS
ethambutol tab (MYAMBUTOL equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	1	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONVULSANTS
ETHYL CHLORIDE SPRAY	-	1	DERMATOLOGICALS
ETIDRONATE DISODIUM TAB 400MG	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
etodolac ER tab (LODINE XL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP (QL= 20 caps/30 days)	QL	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide cap (VEPESID equiv)	QL--	3	ANTINEOPLASTICS
etravirine tab 100mg (QL=4 tabs/day)	QL	1	ANTIVIRALS
etravirine tab 200mg (QL=2 tabs/day)	QL	1	ANTIVIRALS
EURAX CREAM	-	2	DERMATOLOGICALS
EURAX LOTION	-	2	DERMATOLOGICALS
EVAMIST SPRAY	-	2	ESTROGENS
everolimus tab (AFINITOR equiv) (QL=1 tab/day)	AMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv) (QL=2 tabs/day)	AMSP-PA-QL	1	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp	AMSP-PA-QL	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVOTAZ TAB	-	2	ANTIVIRALS
exemestane tab (AROMASIN equiv) (QL=1 tab/day)	QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXODERM LOTION	-	2	DERMATOLOGICALS
EXSERVAN FILM (Only available through PantherRx Pharmacy 855-726-8479; QL=60 films/30 days)	LD-PA-QL	4	NEUROMUSCULAR AGENTS
EXU-DRY BANDAGE	-	2	MEDICAL DEVICES AND SUPPLIES
EZ FLU SHOT KIT	VAC	2	VACCINES
EZ FLU SHOT PF KIT	VAC	2	VACCINES
EZ FLU SHOT QUAD KIT	VAC	2	VACCINES
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERLIPIDEMICS
FACTIVE TAB (QL= 7 tabs/30 days)	QL	2	FLUOROQUINOLONES
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	1	ANTIVIRALS
famciclovir tab 250mg (FAMVIR equiv) (QL= 30 tabs/10 days)	QL	1	ANTIVIRALS
famciclovir tab 500mg (FAMVIR equiv) (QL= 30 tabs/10 days)	QL	1	ANTIVIRALS
famotidine susp (PEPCID equiv) (Step Therapy requires trial of cimetidine or nizatidine)	ST	1	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	1	ULCER DRUGS
FARYDAK CAP (QL= 6 caps/21 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
febuxostat tab (ULORIC equiv) (QL=1 tab/day)	QL	1	GOUT AGENTS
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	1	ANTICONVULSANTS
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	1	ANTICONVULSANTS
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	1	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	2	VAGINAL PRODUCTS
FEMRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
FENOFIBRATE CAP	-	1	ANTIHYPERLIPIDEMICS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	1	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB	-	1	ANTIHYPERLIPIDEMICS
FENTANYL BUCCAL TAB (QL= 3 tabs/day)	QL	1	ANALGESICS - OPIOID

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
fentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	1	ANALGESICS - OPIOID
FENTORA TAB (QL= 3 tabs/day)	QL	2	ANALGESICS - OPIOID
FEOSOL TAB	OTC	1	HEMATOPOIETIC AGENTS
FERIVA 21-7 TAB	-	2	HEMATOPOIETIC AGENTS
ferocon cap	-	1	HEMATOPOIETIC AGENTS
FERRAPLUS 90 TAB	-	1	HEMATOPOIETIC AGENTS
FERREX 150 FORTE CAP	-	1	HEMATOPOIETIC AGENTS
FERREX 28 TAB	-	1	HEMATOPOIETIC AGENTS
ferrocite plus tab	-	1	HEMATOPOIETIC AGENTS
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	1	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	1	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	1	HEMATOPOIETIC AGENTS
FEVERALL SUPP	-	2	ANALGESICS - NONNARCOTIC
FEVERALL SUPP 325MG	-	1	ANALGESICS - NONNARCOTIC
fexofenadine tab 180mg	OTC-QL	1	ANTIHISTAMINES
fiber cap	OTC	1	LAXATIVES
fiber therapy powder	OTC	1	LAXATIVES
fiber therapy tab	-	1	LAXATIVES
FINACEA FOAM	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
FIRVANQ SOLN 25MG/ML (QL= 300ml/30 days)	QL	2	ANTI-INFECTIVE AGENTS - MISC.
fish oil cap	OTC	1	NUTRIENTS
fish oil dr cap	OTC	1	NUTRIENTS
FLAREX OPHTH SUSP	-	2	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	1	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLOLIPID SUSP (QL= 300ml/30 days)	QL	2	ANTIHYPERLIPIDEMICS
FLORIVA CHEW TAB	-	2	MULTIVITAMINS
FLORIVA DROPS	-	2	MINERALS & ELECTROLYTES
FLORIVA PLUS DROPS	-	1	MULTIVITAMINS
FLOVENT DISKUS INHALER 250MCG (QL= 2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT DISKUS INHALER 50MCG, 100MCG (QL=1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER 110MCG (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER 44MCG (QL=2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ	VAC	2	VACCINES
FLUAD QUAD INJ	VAC	2	VACCINES
FLUBLOK INJ	VAC	2	VACCINES
FLUBLOK QUAD PF INJ	VAC	2	VACCINES
FLUCELVAX INJ	VAC	2	VACCINES
FLUCELVAX QUAD INJ	VAC	2	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
flucytosine cap (ANCOBON equiv)	-	1	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	2	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	2	VACCINES
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil (QL=119ml/30 days)	QL	1	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinonide cream 0.05% (LIDEX equiv)	-	1	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
fluorescein/proparacaine ophth soln	-	1	OPHTHALMIC AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	2	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	1	DERMATOLOGICALS
FLUOROURACIL SOLN	-	1	DERMATOLOGICALS
FLUOVIX PAK	-	2	DERMATOLOGICALS
FLUOXETINE CAP (PMDD)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FLURA-DROPS	-	2	MINERALS & ELECTROLYTES
FLURAZEPAM CAP	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
FLURBIPROFEN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL= 16gm/30 days)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUVIRIN INJ	VAC	2	VACCINES
FLUVIRIN PF INJ	VAC	2	VACCINES
FLUZONE HD PF INJ	VAC	2	VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	2	VACCINES
FLUZONE INTRADERMAL INJ	VAC	2	VACCINES
FLUZONE QUAD INJ	VAC	2	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	2	VACCINES
FML FORTE OPHTH SUSP	-	2	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	2	OPHTHALMIC AGENTS
FOLBEE PLUS CZ TAB	-	1	MULTIVITAMINS
folbee plus tab	-	1	MULTIVITAMINS
folbee tab	OTC	1	HEMATOPOIETIC AGENTS
folbic tab	-	1	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
folic acid tab 1mg	-	1	HEMATOPOIETIC AGENTS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
folic acid tab 800mcg (Covered for females only)	OTC	1	HEMATOPOIETIC AGENTS
FOLIVANE-PLUS CAP	-	1	HEMATOPOIETIC AGENTS
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv) (QL= 8ml/30 days)	QL	1	ANTICOAGULANTS
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv) (QL= 5ml/30 days)	QL	1	ANTICOAGULANTS
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv) (QL= 4ml/30 days)	QL	1	ANTICOAGULANTS
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv) (QL= 6 ml/30 days)	QL	1	ANTICOAGULANTS
FORTAVIT CAP	-	2	MULTIVITAMINS
FOSAMAX+D TAB (QL= 4 tabs/28 days)	QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	1	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL POWDER PACK	-	2	GASTROINTESTINAL AGENTS - MISC.
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	1	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 (QL= 2 sensors/28 days)	PA-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	1	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	1	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	1	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	1	DIAGNOSTIC PRODUCTS
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	4	HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUSION PLUS CAP	-	2	HEMATOPOIETIC AGENTS
FYCOMPA TAB	-	2	ANTICONVULSANTS
FYCOMPA SUSP	-	2	ANTICONVULSANTS
gabapentin cap (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin soln	-	1	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	1	ANTICONVULSANTS
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv) (QL= 2 tabs/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
GAMASTAN INJ	-	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMUNEX-C INJ	-	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GARDASIL 9 INJ	VAC	2	VACCINES
GARDASIL INJ	VAC	2	VACCINES
gatifloxacin ophth soln (ZYMAXID equiv)	-	1	OPHTHALMIC AGENTS
GAVILYTE-C SOLN	-	1	LAXATIVES

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
GAVRETO CAP	PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	2	MOUTH/THROAT/DENTAL AGENTS
GELFILM	-	2	OPHTHALMIC AGENTS
GELFOAM SPONGE	-	2	HEMOSTATICS
GELNIQUE	-	2	URINARY ANTISPASMODICS
GELNIQUE (QL= 30 packets/30 days)	--QL	2	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERLIPIDEMICS
GENOTROPIN INJ	AMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	1	OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVOYA TAB	-	2	ANTIVIRALS
GIALAX KIT	-	2	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	1	CONTRACEPTIVES
GILENYA CAP (QL= 1 cap/day)	AMSP-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes (30ml)/30 days)	AMSP-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glatiramer inj 40mg/ml (QL= 12 syringes (12ml)/28 days)	AMSP-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLOPERBA SOLN (QL= 300ml/30 days)	QL	2	GOUT AGENTS
glucagon (rdna) for inj kit (GLUCAGON equiv)	-	1	ANTIDIABETICS
GLUCAGON INJ KIT	-	2	ANTIDIABETICS
GLUCOSE CHEW TAB	OTC	1	ANTIDIABETICS
glucose gel packet	-	1	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
glycerin supp	OTC	1	LAXATIVES
glycopyrrolate oral soln (QL=9 ml/day)	QL	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
glycopyrrolate tab (ROBINUL equiv)	-	1	ULCER DRUGS
GLYXAMBI TAB (Step Therapy requires trial of metformin or metformin ER or metformin combinations)	ST	2	ANTIDIABETICS
GOLYTELY PACKET	-	2	LAXATIVES
GONITRO POWDER	-	2	ANTIANGINAL AGENTS
GOPRELTO SOLN	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
GRAFIX CORE SHEET	-	2	DERMATOLOGICALS
granisetron tab (KYTRIL equiv) (QL= 1 tab/15 days; Step therapy requires trial of ondansetron)	QL-ST	1	ANTIEMETICS
GRANIX INJ (QL=14 syringes/28 days)	AMSP-PA-QL	4	HEMATOPOIETIC AGENTS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
GRANIX INJ (QL=14 vials/28 days)	AMSP-PA-QL	4	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	PA	2	BIOLOGICALS MISC
griseofulvin susp (GRIFULVIN equiv)	-	1	ANTIFUNGALS
guaifenesin dac syrup	-	1	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	1	COUGH/COLD/ALLERGY
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GUANIDINE TAB	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GVOKE INJ	-	2	ANTIDIABETICS
GVOKE INJ KIT (QL=2 vials/fill, 2 fills/30 days)	QL	2	ANTIDIABETICS
GVOKE PFS INJ	-	2	ANTIDIABETICS
GYNAZOLE CREAM	-	2	VAGINAL PRODUCTS
halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids)	ST	1	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv)	-	1	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	1	DERMATOLOGICALS
HALOG OINT	-	2	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	1	DERMATOLOGICALS
HAVRIX INJ, VAQTA INJ	VAC	2	VACCINES
HC BUTYRATE SOLN	-	1	DERMATOLOGICALS
HEMADY TAB (QL= 8 tabs/30 days)	QL	2	CORTICOSTEROIDS
HEMANGEOL SOLN	-	2	BETA BLOCKERS
HEMATOGEN FA CAP	-	1	HEMATOPOIETIC AGENTS
HEMATRON-AF TAB	-	2	HEMATOPOIETIC AGENTS
HEMLIBRA INJ	AMSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
hemocyte-f tab	-	1	HEMATOPOIETIC AGENTS
hemoglobin test	-	1	DIAGNOSTIC PRODUCTS
heparin porcine inj	-	1	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	1	VACCINES
HEPLISAV-B INJ	VAC	2	VACCINES
HIZENTRA INJ	-	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1	OPHTHALMIC AGENTS
HORIZANT TAB	PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG MIX 50-50 KWIKPEN (QL= 60ml/30 days)	QL	2	ANTIDIABETICS
HUMALOG MIX INJ (QL= 60ml/30 days)	QL	2	ANTIDIABETICS
HUMATROPE INJ, ZOMACTON INJ	AMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG (QL =3 syringes/28 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL=3 syringes/2 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL=2 kits/28 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL=1 pack/28 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN 40MG (QL= 2 pens/28 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN 80MG (QL=3 syringes/28 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	AMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (QL= 60ml/30 days)	OTC-QL	2	ANTIDIABETICS
HUMULIN MIX PEN INJ (QL= 60ml/30 days)	OTC-QL	2	ANTIDIABETICS
HUMULIN N INJ (QL= 60ml/30 days)	OTC-QL	2	ANTIDIABETICS
HUMULIN N PEN INJ (QL= 60ml/30 days)	OTC-QL	2	ANTIDIABETICS
HUMULIN R INJ (QL= 60ml/30days)	OTC-QL	2	ANTIDIABETICS
HUMULIN R INJ U-500 (QL= 40ml/30 days)	QL	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/30 days)	QL	2	ANTIDIABETICS
HYCAMTIN CAP	-	2	ANTINEOPLASTICS
HYCLODEX SOLN	-	2	DERMATOLOGICALS
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
HYDRO 35 FOAM	-	2	DERMATOLOGICALS
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 90ml/day)	QL	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv)	-	1	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	1	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	1	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	1	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	1	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	1	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	OTC	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	1	ANORECTAL AGENTS
hydrocortisone lotion 2.5%	-	1	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream	-	1	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone/aloe vera cream	OTC	1	DERMATOLOGICALS
HYDROGEN PEROXIDE SOLN	-	1	ANTISEPTICS & DISINFECTANTS
hydromorphone liquid (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	1	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYCHLOROQUINE TAB (Step Therapy requires trial of hydroxychloroquine tab 200mg)	--ST	2	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	AMSP-PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
hydroxyprogesterone inj	PA	3	PROGESTINS
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIANXIETY AGENTS
HYDROXYZINE PAMOATE CAP 100MG	-	1	ANTIANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIANXIETY AGENTS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	ULCER DRUGS
HYPERHEP B INJ	-	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HYPERRHO S-D INJ	-	2	PASSIVE IMMUNIZING AGENTS
HYPERTET S-D INJ	-	2	PASSIVE IMMUNIZING AGENTS
HYPODERMIC NEEDLES	OTC	1	MEDICAL DEVICES AND SUPPLIES
HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	2	PASSIVE IMMUNIZING AGENTS
ibandronate tab 150mg (BONIVA equiv) (QL=1 tab/28 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB (QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen cap	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ICAR-C PLUS TAB	-	1	HEMATOPOIETIC AGENTS
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	1	ANTIHYPERLIPIDEMICS
iferex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
imatinib tab 100mg (GLEEVEC equiv)	AMSP	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imatinib tab 400mg (GLEEVEC equiv)	AMSP	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL=4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL=1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL=1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMOVAX RABIES VACCINE INJ	-	2	VACCINES
IMPAVIDO CAP	AMSP-PA	4	ANTI-INFECTIVE AGENTS - MISC.
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	2	CONTRACEPTIVES
IMPOYZ CREAM	-	2	DERMATOLOGICALS
INCRELEX INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDERAL XL CAP, INNOPRAN XL CAP	-	2	BETA BLOCKERS
INDOCIN SUPP	-	2	ANALGESICS - ANTI-INFLAMMATORY

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
INDOCIN SUSP	-	2	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INFASURF INJ	-	2	RESPIRATORY AGENTS - MISC.
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA CAP 40MG (QL= 2 cap/days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG (Only available through PantherRx Pharmacy 855-726-8479)	LD	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INOVA KIT	-	2	DERMATOLOGICALS
INSTA-GLUCOSE GEL	OTC	1	ANTIDIABETICS
INSUFLON	-	1	MEDICAL DEVICES AND SUPPLIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60ml/30 days)	QL	1	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60ml/30 days)	QL	1	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60ml/30 days)	QL	1	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60ml/30 days)	QL	1	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60ml/30 days)	QL	1	ANTIDIABETICS
INSULIN LISPRO INJ (QL= 60ml/30 days)	QL	1	ANTIDIABETICS
INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= 60ml/30 days)	QL	1	ANTIDIABETICS
INSULIN LISPRO PROTAMINE INJ (QL= 60ml/30 days)	QL	1	ANTIDIABETICS
INSULIN SYRINGE	OTC	1	MEDICAL DEVICES AND SUPPLIES
INTEGRA F CAP	-	1	HEMATOPOIETIC AGENTS
INTELENCE TAB	-	2	ANTIVIRALS
INTELENCE TAB 25MG	-	2	ANTIVIRALS
INTRON-A INJ	AMSP	4	ANTINEOPLASTICS
INVIRASE TAB	-	2	ANTIVIRALS
IODINE SOLN	-	1	ANTISEPTICS & DISINFECTANTS
IODOFLEX PAD	-	2	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	1	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	1	DERMATOLOGICALS
IPOL VACCINE INJ	-	2	VACCINES
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
iron 100 plus tab	-	1	HEMATOPOIETIC AGENTS
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	1	HEMATOPOIETIC AGENTS
iron tab	--OTC	1	HEMATOPOIETIC AGENTS
IROSPAN 24/6 PACK	-	2	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	2	ANTIVIRALS
ISENTRESS CHEW TAB	-	2	ANTIVIRALS
ISENTRESS POWDER PACK	-	2	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	1	CONTRACEPTIVES
isoflurane liquid	-	1	GENERAL ANESTHETICS
ISONIAZID SYRUP	-	1	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
ISOSORBIDE DINITRATE ER TAB	-	1	ANTIANGINAL AGENTS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isoxsuprine tab	-	1	CARDIOVASCULAR AGENTS - MISC.
ISOXSUPRINE TAB (QL=4 tabs/day)	--QL	2	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
itraconazole cap (SPORANOX equiv)	-	1	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	-	1	ANTIFUNGALS
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days)	QL	1	DERMATOLOGICALS
ivermectin tab (STROMECTOL equiv)	-	1	ANTHELMINTICS
JARDIANCE TAB (QL= 1 tab/day; Step Therapy requires trial of metformin or metformin ER or metformin combinations)	QL-ST	2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	1	ESTROGENS
JORNAY PM CAP (QL=1 cap/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
JULUCA TAB	-	2	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	1	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	1	CONTRACEPTIVES
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KALYDECO PAK (Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA	4	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	2	BETA BLOCKERS
KARBINAL ER SUSP	-	2	ANTIHISTAMINES
KEDRAB INJ	-	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
kelnor tab (DEMULEN equiv)	-	1	CONTRACEPTIVES
KERALYT SCALP KIT	-	2	DERMATOLOGICALS
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo	-	1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1	ANTIFUNGALS
KETOPROFEN CAP	-	1	ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	1	OPHTHALMIC AGENTS
ketorolac ophth soln .4% (ACULAR (LS) equiv)	-	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/30 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KEVEYIS TAB (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4	DIURETICS
KINRIX INJ	-	2	TOXOIDS
KISQALI PAK (QL= 91 tabs/28 days)	AMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	AMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KLOXXADO NASAL SPRAY, NARCAN NASAL SPRAY	-	2	ANTIDOTES
KOGENATE FS INJ	AMSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRISTALOSE PACKET	-	2	LAXATIVES

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
KYLEENA IUD	-	2	CONTRACEPTIVES
KYNMOBI FILM (Only available through Ardon 855-425-4085)	AMSP-PA	4	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT (Only available through Ardon 855-425-4085)	AMSP-PA	4	ANTIPARKINSON AND RELATED THERAPY AGENTS
L.E.T. GEL	-	1	DERMATOLOGICALS
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
LACRISERT INSERT	-	2	OPHTHALMIC AGENTS
lactulose soln	-	1	GASTROINTESTINAL AGENTS - MISC.
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	1	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP	1	ANTIVIRALS
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	1	ANTIVIRALS
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day)	QL	1	ANTIVIRALS
LAMPIT TAB	-	2	ANTI-INFECTIVE AGENTS - MISC.
LANCET DEVICE	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCET MISC	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANOXIN INJ	-	2	CARDIOTONICS
LANOXIN TAB 0.0625MG, 0.1875MG	-	2	CARDIOTONICS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	1	ULCER DRUGS
lanthanum carbonate chew tab 1000mg	-	1	GASTROINTESTINAL AGENTS - MISC.
lapatinib ditosylate tab (TYKERB equiv)	AMSP-PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
latanoprost ophth soln (XALATAN equiv)	-	1	OPHTHALMIC AGENTS
layolis FE tab (FEMCON FE equiv)	-	1	CONTRACEPTIVES
LAZANDA NASAL SPRAY	-	2	ANALGESICS - OPIOID
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
LENVIMA CAP (Only available through Accredo 800-803-2523)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	1	ANTINEOPLASTICS
LEUKERAN TAB	-	4	ANTINEOPLASTICS
leuprolide inj (LUPRON equiv)	AMSP-PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler or LEVALBUTEROL INHALER)	QL-ST	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv) (QL= 96 vials/30 days; Step Therapy requires trial of albuterol neb soln)	QL-ST	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVATOL TAB	-	2	BETA BLOCKERS
levetiracetam ER tab (KEPPRA XR equiv)	-	1	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
LEVOBUNOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv) (QL= 10ml/day)	QL	1	ANTIHISTAMINES

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
levofloxacin ophth soln (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	1	CONTRACEPTIVES
levothyroxine tab (SYNTHROID equiv)	-	1	THYROID AGENTS
LEXIVA SUSP	-	2	ANTIVIRALS
lidocaine cream	OTC	1	ANORECTAL AGENTS
LIDOCAINE GEL	-	1	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	1	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
lidocaine/prilocaine cream kit	-	1	DERMATOLOGICALS
LIDO-EP-TETR SOLN	-	1	DERMATOLOGICALS
lidopac kit	-	2	DERMATOLOGICALS
LIDOPIN CREAM	-	2	DERMATOLOGICALS
LIDOTREX GEL	-	2	DERMATOLOGICALS
LIDOVEX CREAM	-	2	DERMATOLOGICALS
LINDANE LOTION	-	1	DERMATOLOGICALS
lindane shampoo	-	1	DERMATOLOGICALS
linezolid susp	-	1	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 1 cap/day)	QL	2	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
LIPOCHOL PLUS TAB	-	2	NUTRIENTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
LITHOSTAT TAB	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB (QL= 1 tab/day)	QL	2	ANTIHYPERLIPIDEMICS
LONHALA MAGNAIR SOLN	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB (QL= 80 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	1	ANTIDIARRHEALS
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days)	QL	1	ANTIVIRALS
lopinavir-ritonavir tab 100-25mg (QL=2 tabs/day)	QL	1	ANTIVIRALS
lopinavir-ritonavir tab 200-50mg (QL=4 tabs/day)	QL	1	ANTIVIRALS
LOPROX KIT	-	2	DERMATOLOGICALS
loratadine ODT (CLARITIN equiv)	OTC	1	ANTIHISTAMINES
loratadine syrup (CLARITIN equiv)	OTC	1	ANTIHISTAMINES
loratadine tab (CLARITIN equiv)	OTC	1	ANTIHISTAMINES
LORTUSS EX LIQUID	-	2	COUGH/COLD/ALLERGY
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
LOTEMAX OPHTH OINT	-	2	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5 grams/28 days)	QL	1	OPHTHALMIC AGENTS
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day)	QL	1	ANTIHYPERLIPIDEMICS
lubricant eye oint	OTC	2	OPHTHALMIC AGENTS
LUCEMYRA TAB (QL= 224 tabs/14 days)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
LUPRON DEPOT INJ	AMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT-PED INJ	AMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUXAMEND CREAM	-	2	DERMATOLOGICALS
LYUMJEV	QL	Non-formulary	ANTIDIABETICS
LYUMJEV KWIKPEN	QL	Non-formulary	ANTIDIABETICS
MACUZIN CAP	-	2	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
mafenide acetate soln packet (SULFAMYLON equiv)	-	1	DERMATOLOGICALS
MAG 64 TAB	OTC	1	MINERALS & ELECTROLYTES
magnesium chloride dr tab	OTC	1	MINERALS & ELECTROLYTES
magnesium citrate soln	-	1	LAXATIVES
magnesium oxide tab	OTC	1	ANTACIDS
magnesium oxide tab 400mg	OTC	1	MINERALS & ELECTROLYTES
magnesium tab 400mg	OTC	1	MINERALS & ELECTROLYTES
malathion lotion (OVIDE equiv)	-	1	DERMATOLOGICALS
MASTISOL LIQUID	-	1	DERMATOLOGICALS
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	4	ANTINEOPLASTICS
MAVYRET PAK (QL=5 packets/day)	AMSP-PA-QL	4	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	AMSP-PA-QL	4	ANTIVIRALS
MAXFE TAB	-	2	HEMATOPOIETIC AGENTS
MAXIDEX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
MAXI-TUSS CD LIQUID	-	2	COUGH/COLD/ALLERGY
meclizine tab (ANTIVERT equiv)	-	1	ANTIEMETICS
MEDROL TAB	-	2	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	1	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefloquine tab (LARIAM equiv)	-	1	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	1	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELATONIN TAB	--OTC	1	ALTERNATIVE MEDICINES
melatonin tab 3mg	OTC	1	ALTERNATIVE MEDICINES
meloxicam cap (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, aspirin, naproxen, diclofenac, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	1	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
melphalan tab (ALKERAN equiv)	AMSP	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	2	VACCINES
MENEST TAB	-	2	ESTROGENS
MENHIBRIX INJ	VAC	2	VACCINES

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
MENOMUNE INJ	VAC	2	VACCINES
MENOSTAR PATCH	-	2	ESTROGENS
MENQUADFI INJ	VAC	2	VACCINES
MENVEO INJ	VAC	2	VACCINES
MEPERIDINE SOLN	-	1	ANALGESICS - OPIOID
MEPERIDINE TAB	-	1	ANALGESICS - OPIOID
mercaptopurine tab (PURINETHOL equiv)	-	1	ANTINEOPLASTICS
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab 1.2 GM (LIALDA equiv) (QL 120 tabs/30 days)	QL	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv) (QL= 4 caps/day)	QL	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv) (QL=180 tabs/30 days)	QL	1	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	AMSP	4	ANTINEOPLASTICS
METAPROTERENOL SYRUP	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	1	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
METHADONE SOLN	-	1	ANALGESICS - OPIOID
methadone soln (QL= 20ml/day)	--QL	1	ANALGESICS - OPIOID
methadone soln (QL= 4 ml/day)	--QL	1	ANALGESICS - OPIOID
methadone soln (QL= 40ml/day)	--QL	1	ANALGESICS - OPIOID
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
methadose tab (QL= 1 tab/day)	QL	1	ANALGESICS - OPIOID
methenamine mandelate tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	PA	2	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
methotrexate tab (TREXALL equiv)	-	1	ANTINEOPLASTICS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	1	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	1	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	2	DIURETICS
methyldopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
METHYLDOPA TAB	-	2	ANTIHYPERTENSIVES
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv)	-	1	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
methylphenidate ER cap 10mg (RITALIN LA equiv) (QL= 1 cap/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
methylphenidate ER cap 20mg (QL= 2 caps/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
methylphenidate ER cap 30mg (RITALIN LA equiv) (QL= 2 caps/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap 40mg (RITALIN LA equiv) (QL= 1 cap/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap 60mg (RITALIN LA equiv) (QL= 1 cap/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB (QL= 2 tabs/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 18mg (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 27mg (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 36mg (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 54mg (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB 72MG (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate soln 10mg/5ml (QL= 900ml/30 days)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate soln 5mg/5ml (METHYLIN equiv) (QL= 1800ml/30 days)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate tab (RITALIN equiv) (QL= 3 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
METIPRANOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
METOPROLOL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1	ANTIHYPERTENSIVES
metronidazole cap (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole gel (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
metyrosine cap (DEMSER equiv) (QL= 448 caps/28 days)	PA-QL	3	ANTIHYPERTENSIVES
mexiletine hcl cap	-	1	ANTIARRHYTHMICS
mibelas chew tab (MINASTRIN equiv)	-	1	CONTRACEPTIVES
MICATIN CREAM 2%	OTC	1	DERMATOLOGICALS
MICONAZOLE 3 SUPP 200MG	-	1	VAGINAL PRODUCTS
miconazole cream	-	1	DERMATOLOGICALS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
miconazole nitrate cream	OTC	1	VAGINAL PRODUCTS
miconazole nitrate kit	OTC	1	VAGINAL AND RELATED PRODUCTS
miconazole nitrate vaginal supp	-	1	VAGINAL PRODUCTS
midazolam hcl syrup	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
MIDAZOLAM INJ	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
midazolam inj (MIDAZOLAM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
MIFEPREX TAB	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP	-	2	MIGRAINE PRODUCTS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD	3	HEMATOPOIETIC AGENTS
migraine relief tab	-	1	ANALGESICS - NONNARCOTIC
milk of magnesia susp	OTC	1	LAXATIVES
MILLIPRED DP PAK	-	2	CORTICOSTEROIDS
MILLIPRED TAB	-	2	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
minocycline er tab 65mg	-	1	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	1	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRCERA INJ (Only available through Walgreens 888-347-3416)	LD	4	HEMATOPOIETIC AGENTS
MIRENA IUD	-	2	CONTRACEPTIVES
MIRVASO GEL	-	2	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITOSOL KIT	-	2	OPHTHALMIC AGENTS
M-M-R II INJ	VAC	2	VACCINES
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
MOLNUPIRAVIR CAP (QL=40 caps/fill)	QL	1	ANTIVIRALS
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
MONISTAT 3 COMBO PACK	OTC	2	VAGINAL AND RELATED PRODUCTS
MONISTAT SOOTHING CARE CREAM 1%	OTC	1	DERMATOLOGICALS
MONSEL'S SOLN	-	1	HEMOSTATICS
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
morphine sulfate ER cap 100mg (QL= 2 caps/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate ER cap 30mg (QL= 2 caps/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	QL	1	ANALGESICS - OPIOID
MORPHINE SULFATE INJ	-	Non-formulary	ANALGESICS - OPIOID
morphine sulfate soln	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	1	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
MORPHINE SULFATE TAB	-	2	ANALGESICS - OPIOID
MOTOFEN TAB	-	2	ANTIDIARRHEALS
MOXATAG TAB	-	2	PENICILLINS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) (QL=3 ml/7 days; Step therapy requires trial of ciprofloxacin ophth soln, levofloxacin ophth soln, or ofloxacin ophth soln)	QL-ST	1	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	1	FLUOROQUINOLONES
MTX SUPPORT TAB	-	1	HEMATOPOIETIC AGENTS
MULPLETA TAB (QL= 7 tabs/fill, 3 fills/365 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	4	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	2	ANTIARRHYTHMICS
multi vitamin with iron tab	-	1	MULTIVITAMINS
MULTIGEN FOLIC TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	1	HEMATOPOIETIC AGENTS
multivitamin tab	OTC	1	MULTIVITAMINS
multivitamin with flouride chew tab	-	1	MULTIVITAMINS
multivitamin/flouride/iron drops	OTC	1	MULTIVITAMINS
mupirocin cream (BACTROBAN CREAM equiv)	-	1	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS
MURO-128 OINT 5%	OTC	1	OPHTHALMIC AGENTS
MVW COMPLETE MULTIVITAMIN CAP	-	1	MULTIVITAMINS
mycophenolate DR tab (MYFORTIC equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	1	ASSORTED CLASSES
MYLERAN TAB	AMSP	4	ANTINEOPLASTICS
mynephron cap	-	1	MULTIVITAMINS
MYTESI TAB (QL= 2 tabs/day)	QL	2	ANTIDIARRHEALS
NABI-HB INJ	-	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	1	BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	1	ANTIHYPERTENSIVES
naftifine gel (NAFTIN equiv)	-	1	DERMATOLOGICALS
NAFTIN GEL	-	2	DERMATOLOGICALS
naloxone inj	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone nasal spray	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naproxen EC tab (NAPROSYN EC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	1	MIGRAINE PRODUCTS
NASCOBAL NASAL SPRAY	-	2	HEMATOPOIETIC AGENTS
NATACYN OPHTH SUSP (QL=45 ml/30 days)	QL	2	OPHTHALMIC AGENTS
NATAZIA TAB	-	2	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	1	ANTIDIABETICS
NATESTO NASAL GEL	-	2	ANDROGENS-ANABOLIC
NATPARA INJ (QL=2 inj/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
neomycin tab	-	1	AMINOGLYCOSIDES
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
NEOSALUS FOAM	-	2	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	2	DERMATOLOGICALS
NEO-SYNALAR KIT	-	2	DERMATOLOGICALS
neo-tuss liquid	OTC	1	COUGH/COLD/ALLERGY
NEPHPLEX RX TAB	-	1	MULTIVITAMINS
NEUAC KIT	-	2	DERMATOLOGICALS
NEUPRO PATCH (QL= 1 patch/day)	QL	2	ANTIPARKINSON AGENTS
NEURAPTINE CREAM KIT	-	2	DERMATOLOGICALS
NEURIN-SL TAB	-	1	HEMATOPOIETIC AGENTS
NEVANAC OPHTH SUSP, ILEVRO OPHTH SUSP	-	2	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB (QL= 1 tab/day)	QL	1	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	1	ANTIVIRALS
NEVIRAPINE SUSP (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEVIRAPINE SUSP (QL=1200 ml/30 days)	--QL	2	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	1	ANTIVIRALS
NEXA PLUS CAP	-	2	MULTIVITAMINS
NEXAVAR TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTINEOPLASTICS
NEXIUM GRANULE PACK 2.5MG (QL= 1 pack/day)	QL	2	ULCER DRUGS
NEXIUM GRANULE PACK 5MG (QL= 1 pack/day)	QL	2	ULCER DRUGS
niacin er tab	-	1	VITAMINS
NIACOR TAB	-	1	ANTIHYPERLIPIDEMICS
NICADAN TAB	-	2	MULTIVITAMINS
nicardipine cap (CARDENE equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NICAZEL TAB	-	2	MULTIVITAMINS
nicotine gum (NICORETTE equiv)	OTC-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv)	OTC-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv)	OTC-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER	SMKG	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY	SMKG	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv) (QL= 2 tabs/day)	AMSP-QL	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NITRO-BID OINT	-	2	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	1	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	1	ANTIANGINAL AGENTS
NIVESTYM INJ (QL=14 vials/28 days)	AMSP-PA-QL	4	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
NIZATIDINE SOLN	-	1	ULCER DRUGS
NOCDURNA SL TAB	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
NON-PREFERRED CGM RECEIVER (QL=1 receiver/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
NORDITROPIN INJ, NUTROPIN AQ INJ	AMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	1	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
norethindrone tab (NORA-QD equiv)	-	1	CONTRACEPTIVES
NORITATE CREAM	-	2	DERMATOLOGICALS
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	1	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	1	CONTRACEPTIVES
NORVIR POWDER PACK	-	2	ANTIVIRALS
NORVIR SOLN	-	2	ANTIVIRALS
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOFINE PEN NEEDLE	OTC	3	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ (QL= 60ml/30 days)	OTC-QL	2	ANTIDIABETICS
NOVOLIN 70/30 INJ (QL= 60ml/30 days)	QL	2	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ (QL=60ml/30 days)	QL	2	ANTIDIABETICS
NOVOLIN N INJ (QL= 60ml/30 days)	QL	2	ANTIDIABETICS
NOVOLIN N RELION INJ (QL= 60ml/30 days)	OTC-QL	2	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ (QL= 60ml/30 days)	QL	2	ANTIDIABETICS
NOVOLIN R INJ (QL= 60ml/30 days)	QL	2	ANTIDIABETICS
NOVOLIN RELION INJ 70/30 (QL= 60mls/30 days)	OTC-QL	2	ANTIDIABETICS
NOVOLIN VIAL (QL= 60ml/30 days)	OTC-QL	2	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	3	MEDICAL DEVICES AND SUPPLIES
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
NUCALA INJ (QL=1 inj/28 days)	AMSP-PA-QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
NUCYNTA TAB	-	2	ANALGESICS - OPIOID
NUDROXIPAK I-800 KIT	-	2	ANALGESICS - ANTI-INFLAMMATORY
NUEDEXTA CAP (QL= 2 caps/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUMOISYN LOZENGE	-	2	MOUTH/THROAT/DENTAL AGENTS
NUVESSA VAGINAL GEL	-	2	VAGINAL PRODUCTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
nystatin/triamcinolone cream	-	1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	1	DERMATOLOGICALS
OB COMPLETE TAB	-	2	MULTIVITAMINS
OBSTETRIX EC TAB	-	2	MULTIVITAMINS
O-CAL PRENATAL TAB	-	1	MULTIVITAMINS
OCALIVA TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	GASTROINTESTINAL AGENTS - MISC.
OCEAN NASAL SPRAY 0.65%	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
OCTREOTIDE INJ	AMSP-PA	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB	-	2	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB	-	2	ANTIVIRALS
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	1	OTIC AGENTS
OFLOXACIN TAB	-	1	FLUOROQUINOLONES
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
OGESTREL TAB	-	2	CONTRACEPTIVES
olmesartan tab (BENICAR equiv)	-	1	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	1	ANTIHYPERTENSIVES
OMECLAMOX-PAK	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
omeprazole dr cap	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
omeprazole DR cap (PRILOSEC equiv) (QL=1 cap/day)	--QL	1	ULCER DRUGS
OMEPRAZOLE DR TAB (QL= 2 tabs/day)	QL	1	ULCER DRUGS
omeprazole magnesium delayed release tab (PRILOSEC OTC equiv) (QL= 1 tab/day)	OTC-QL	1	ULCER DRUGS
omeprazole tab (QL=2 tabs/day)	OTC-QL	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
OMNIPOD DASH PODS	-	1	MEDICAL DEVICES AND SUPPLIES

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
OMNITROPE INJ	AMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron ODT 4 MG (ZOFRAN equiv) (QL=6 tabs/day)	QL	1	ANTIEMETICS
ondansetron ODT 8 MG (ZOFRAN equiv) (QL=3 tabs/day)	QL	1	ANTIEMETICS
ondansetron soln 4 MG/5 ML (ZOFRAN equiv) (QL= 5ml/day)	QL	1	ANTIEMETICS
ONDANSETRON TAB 24MG (QL= 1 tab/30 days)	QL	1	ANTIEMETICS
ondansetron tab 4 MG (ZOFRAN equiv) (QL=6 tabs/day)	QL	1	ANTIEMETICS
ondansetron tab 8 MG (ZOFRAN equiv) (QL=90 tabs/30 days)	QL	1	ANTIEMETICS
ONE-A-DAY MENS TAB	OTC	1	MULTIVITAMINS
ONEXTON GEL	-	2	DERMATOLOGICALS
ONUREG TAB	PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPSUMIT TAB (Only available through CVS Specialty 800-237-2767)	LD-PA	4	CARDIOVASCULAR AGENTS - MISC.
ORACIT SOLN	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
oral electrolyte soln	OTC	1	MINERALS & ELECTROLYTES
ORALAIR SL TAB	--PA	2	BIOLOGICALS MISC
ORAMAGICRX MOUTHWASH	-	2	MOUTH/THROAT/DENTAL AGENTS
ORAPRED ODT TAB, PREDNISOLONE ODT TAB	-	1	CORTICOSTEROIDS
ORAVIG TAB	-	2	MOUTH/THROAT/DENTAL AGENTS
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA	4	RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 28 caps/90 days, 1 fill/120 days)	QL	1	ANTIVIRALS
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 14 caps/90 days, 1 fill/120 days)	QL	1	ANTIVIRALS
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 14 caps/90 days, 1 fill/120 days)	QL	1	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 120ml/10 days, 1 fill/120 days)	QL	1	ANTIVIRALS
OSMOLEX ER TAB	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	2	LAXATIVES
OVACE PLUS SHAMPOO	-	2	DERMATOLOGICALS
oxandrolone tab (OXANDRIN equiv)	-	1	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
OXAYDO TAB, ROXYBOND TAB	-	2	ANALGESICS - OPIOID
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
OXISTAT LOTION	-	2	DERMATOLOGICALS
OXTELLAR XR TAB 150MG	-	2	ANTICONVULSANTS
OXTELLAR XR TAB 300MG	-	2	ANTICONVULSANTS
OXTELLAR XR TAB 600MG	-	2	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin ER tab 10 MG (DITROPAN XL equiv) (QL=2 tabs/day)	QL	1	URINARY ANTISPASMODICS
oxybutynin ER tab 5 MG (DITROPAN XL equiv) (QL=1 tab/day)	QL	1	URINARY ANTISPASMODICS
oxybutynin syrup (QL=20ml/day)	QL	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv) (QL=4 tabs/day)	QL	1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv) (QL= 16 caps/day)	QL	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv) (QL= 240 syringes/30 days)	QL	1	ANALGESICS - OPIOID

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
OXYCODONE ER TAB 10MG (QL= 3 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	1	ANALGESICS - OPIOID
OXYCODONE ER TAB 20MG (QL= 3 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	1	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv) (QL= 2400ml/30 days)	QL	1	ANALGESICS - OPIOID
oxycodone tab 10mg (ROXICODONE equiv) (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 15mg (ROXICODONE equiv) (QL= 5.34 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 20mg (ROXICODONE equiv) (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 30mg (ROXICODONE equiv) (QL= 2 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 5mg (ROXICODONE equiv) (QL= 16 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	1	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	1	ANALGESICS - OPIOID
OXYCODONE/IBUPROFEN TAB	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	1	ANALGESICS - OPIOID
OXYCONTIN TAB 15MG (QL= 3 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	2	ANALGESICS - OPIOID
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	1	ANALGESICS - OPIOID
OXYTROL PATCH (OTC) (QL= 1 patch/3 days)	OTC-QL	2	URINARY ANTISPASMODICS
OZOBAX SOLN (QL=80ml/day)	QL	2	MUSCULOSKELETAL THERAPY AGENTS
PAIN EASE MIST SPRAY	-	2	DERMATOLOGICALS
PANCREAZE CAP	-	2	DIGESTIVE AIDS
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	2	DIGESTIVE AIDS
PANDEL CREAM	-	2	DERMATOLOGICALS
PANRETIN GEL	-	2	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv) (QL=2 tabs/day)	QL	1	ULCER DRUGS
pantoprazole packet (QL=1 packet/day)	QL	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PARAGARD IUD	-	2	CONTRACEPTIVES
PAREGORIC TINCTURE	-	2	ANTIDIARRHEALS
PAREMYD DROPS	-	2	OPHTHALMIC AGENTS
paricalcitol cap (ZEMPLAR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	1	AMINOGLYCOSIDES
PASER GRANULE	-	2	ANTIMYCOBACTERIAL AGENTS
PAXLOVID TAB (QL=30 tabs/fill)	QL	1	ANTIVIRALS
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	1	ULCER DRUGS
pedia tri-vite drops	OTC	1	MULTIVITAMINS
PEDIARIX INJ	-	2	TOXOIDS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
PEDVAXHIB INJ	-	2	VACCINES
peg 3350/electrolytes soln (COLYTE equiv) (QL= 2 fills/calendar year)	QL	1	LAXATIVES

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ (QL=2 inj/28 days)	QL	4	ANTIVIRALS
PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	1	MISCELLANEOUS THERAPEUTIC CLASSES
PENICILLIN VK SOLN	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENNSAID SOLN	-	2	DERMATOLOGICALS
PENTACEL INJ	-	2	TOXOIDS
pentamidine neb soln (NEBUPENT equiv) (QL=1 vial/month)	QL	1	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP	-	2	GASTROINTESTINAL AGENTS - MISC.
pentazocine/naloxone tab (TALWIN NX equiv)	-	1	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
permethrin liquid	-	1	DERMATOLOGICALS
phenazopyridine tab 100mg	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 200mg	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenylephrine ophth soln (MYDFRIN equiv)	-	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONVULSANTS
PHOSLYRA SOLN	-	2	GASTROINTESTINAL AGENTS - MISC.
phospha neutral tab	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	OTC	1	VITAMINS
PICATO GEL	-	2	DERMATOLOGICALS
PIFELTRO TAB	-	2	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	1	DERMATOLOGICALS
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pink bismuth chew tab	-	1	ANTIDIARRHEALS
pink bismuth susp	OTC	1	ANTIDIARRHEAL/PROBIOTIC AGENTS
pioglitazone tab (ACTOS equiv) (QL= 1 tab/day)	QL	1	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv) (QL= 3 tabs/day)	QL	1	ANTIDIABETICS
piroxicam cap (FELDENE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
PLENVU SOLN	-	2	LAXATIVES
PLEXION PAD	-	2	DERMATOLOGICALS
PNEUMOVAX INJ	VAC	2	VACCINES
PNV-SELECT TAB	-	1	MULTIVITAMINS
PODOCON SOLN	-	1	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	1	DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1	LAXATIVES
polyethylene glycol packet (MIRALAX equiv)	OTC	1	LAXATIVES
poly-iron cap	-	1	HEMATOPOIETIC AGENTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POLY-VI-FLOR CHEW TAB	-	2	MULTIVITAMINS
POLY-VI-FLOR DROPS	-	2	MULTIVITAMINS
POLY-VI-FLOR WITH IRON DROPS	-	2	MULTIVITAMINS
POLY-VI-SOL DROPS	-	1	MULTIVITAMINS
poly-vita drops	-	2	MULTIVITAMINS
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POT/CHLORIDE EFFER TAB	-	2	MINERALS & ELECTROLYTES
POTABA TAB	-	2	VITAMINS
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride soln	-	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
povidone-iodine oint	-	1	ANTISEPTICS & DISINFECTANTS
PRADAXA CAP (QL= 2 tabs/day)	QL	2	ANTICOAGULANTS
PRALUENT INJ	AMSP-PA	4	ANTIHYPERLIPIDEMICS
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	1	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	2	DERMATOLOGICALS
PRAMOSONE LOTION	-	2	DERMATOLOGICALS
PRAMOSONE OINT	-	2	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	1	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	1	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP (QL=300 strips/30 days)	OTC-QL	1	DIAGNOSTIC PRODUCTS
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	1	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PRED-G S.O.P OPHTH OINTMENT	-	2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	1	DERMATOLOGICALS
prednicarbate cream (DERMATOP equiv)	-	1	DERMATOLOGICALS
PREDNICARBATE OIN	-	1	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
PREDNISOLONE SOLN	-	1	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE SYRUP	-	1	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE-GATIFLOXACIN-BROMFENAC SUSP	-	1	OPHTHALMIC AGENTS
PREDNISONE CONC	-	2	CORTICOSTEROIDS
prednisone pack	-	1	CORTICOSTEROIDS
PREDNISONE SOLN	-	1	CORTICOSTEROIDS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREFERAOB ONE CAP	-	2	MULTIVITAMINS
PREFEST TAB	-	2	ESTROGENS
pregabalin cap 100mg (LYRICA equiv) (QL= 3 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 150mg (LYRICA equiv) (QL= 3 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 200mg (LYRICA equiv) (QL= 3 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 225mg (LYRICA equiv) (QL= 3 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 25mg (LYRICA equiv) (QL= 3 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 300mg (LYRICA equiv) (QL= 3 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 50mg (LYRICA equiv) (QL= 3 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 75mg (LYRICA equiv) (QL= 3 caps/day)	QL	1	ANTICONVULSANTS
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	1	ANTICONVULSANTS
pregnancy test	-	1	DIAGNOSTIC PRODUCTS
PREGNANCY TEST KIT	-	1	DIAGNOSTIC PRODUCTS
PREMARIN TAB	-	2	ESTROGENS
PREMPHASE TAB, PREMPRO TAB	-	2	ESTROGENS
PRENATA CHEW TAB	-	2	MULTIVITAMINS
PRENATABS RX TAB	-	1	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	1	MULTIVITAMINS
PRENATAL 19 TAB	OTC	1	MULTIVITAMINS
prenatal dha cap	OTC	1	NUTRIENTS
PRENATAL VITAMINS (NON-PREFERRED)	-	1	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	2	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	OTC	2	MULTIVITAMINS
PRENATE DHA CAP	-	2	MULTIVITAMINS
PRENATE ENHANCE CAP	-	2	MULTIVITAMINS
PRENATE RESTORE CAP	-	2	MULTIVITAMINS
PREPIDIL GEL	-	2	OXYTOCICS
PREPOPIK PAK	-	2	LAXATIVES
PRESTALIA TAB	-	2	ANTIHYPERTENSIVES
PREVIDENT GEL (Excluded for members age 19 years and older)	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE (Excluded for members age 19 years and older)	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	2	VACCINES
PREZCOBIX TAB	-	2	ANTIVIRALS
PREZISTA SUSP	-	2	ANTIVIRALS
PREZISTA TAB 150MG	-	2	ANTIVIRALS
PREZISTA TAB 300MG	-	2	ANTIVIRALS
PREZISTA TAB 400MG	-	2	ANTIVIRALS
PREZISTA TAB 600MG	-	2	ANTIVIRALS
PREZISTA TAB 75MG	-	2	ANTIVIRALS
PREZISTA TAB 800MG (QL= 1 tab/day)	QL	2	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRIMAQUINE TAB	-	2	ANTIMALARIALS
primaquine tab (PRIMAQUINE equiv)	-	2	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMSOL SOLN	-	2	ANTI-INFECTIVE AGENTS - MISC.
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
PRO-CEPTION FERTILITY PAK	-	1	VAGINAL PRODUCTS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
PROCRIT INJ	AMSP-PA	4	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
PROFERRIN TAB	OTC	2	HEMATOPOIETIC AGENTS
progesterone cap (PROMETRIUM equiv)	-	1	PROGESTINS
PROGRAF PACKET	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
PROMACTA TAB	AMSP-PA	4	HEMATOPOIETIC AGENTS
PROMACTA TAB 50MG	-	2	HEMATOPOIETIC AGENTS
promethazine supp (PHENERGAN equiv)	-	1	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	1	ANTIHISTAMINES
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	1	ANTIHISTAMINES
propafenone er cap 325mg	-	1	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
propranolol oral soln	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	1	ANTIHYPERTENSIVES
propylthiouracil tab	-	1	THYROID AGENTS
PROQUAD INJ	-	2	VACCINES
PROSILK GEL	-	2	DERMATOLOGICALS
PROSTIN E2 SUPP	-	2	OXYTOCICS
PROVENT	-	1	MEDICAL DEVICES
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
PULMICORT FLEXHALER (QL= 2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	AMSP-PA	4	RESPIRATORY AGENTS - MISC.
PUMP SUPPLIES	OTC	1	MEDICAL DEVICES AND SUPPLIES
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridoxine tab	OTC	1	VITAMINS
QBREXZA PAD (QL= 1 pad/day)	PA-QL	2	DERMATOLOGICALS
QELBREE ER CAP	QL	Non-formulary	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
QNASL CHILDRENS NASAL SPRAY	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB (Step Therapy requires trial of metformin or metformin ER or metformin combinations)	ST	2	ANTIDIABETICS
QUFLORA PEDIATRIC CHEW TAB	-	1	MULTIVITAMINS
QUILLICHEW ER TAB (QL= 1 tab/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
QUILLICHEW ER TAB 20MG (QL=3 tabs/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
QUILLICHEW ER TAB 30MG (QL=2 tabs/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
QUILLIVANT XR SUSP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1	ANTIHYPERTENSIVES
quinidine sulfate tab (QL=8 tabs/day)	QL	1	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	1	ANTIMALARIALS
QUTENZA KIT	-	2	DERMATOLOGICALS
QVAR REDIHALER (QL= 2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RABAVERT INJ	-	2	VACCINES
RABEPRAZOLE SPRINKLE CAP (QL= 1 cap/day)	QL	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
RADIOGARDASE CAP	-	2	ANTIDOTES
RAGWITEK SL TAB	-	2	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
ranitidine cap (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	1	ULCER DRUGS
RAPPORT VACUUM THERAPY KIT	-	1	MEDICAL DEVICES AND SUPPLIES
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	1	ANTIPARKINSON AGENTS
RAYALDEE CAP (QL= 1 cap/day)	QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	2	CORTICOSTEROIDS
RECOTHROM INJ	-	2	HEMOSTATICS
REFRESH CLASSIC DROPS	OTC	2	OPHTHALMIC AGENTS
REFRESH OPHTH GEL 1%	OTC	2	OPHTHALMIC AGENTS
REGENECARE GEL	-	2	DERMATOLOGICALS
REGRANEX GEL	-	2	DERMATOLOGICALS
RELAFEN DS TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	2	ANTIVIRALS
RELIZORB CARTRIDGE	-	1	MEDICAL DEVICES AND SUPPLIES
RENU REWETTING DROPS	-	1	OPHTHALMIC AGENTS
repaglinide tab (PRANDIN equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	1	ANTIDIABETICS
REPATHA INJ	AMSP-PA	4	ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ	AMSP-PA	4	ANTIHYPERLIPIDEMICS
REPREXAIN TAB (QL=16 tabs/30 days)	QL	1	ANALGESICS - OPIOID
REQ49 PLUS TAB	-	2	MULTIVITAMINS
RESCRIPTOR TAB 200MG	-	2	ANTIVIRALS
RESTORA RX CAP	-	2	ANTIDIARRHEALS
RETACRIT INJ	AMSP	4	HEMATOPOIETIC AGENTS
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	4	HEMATOPOIETIC AGENTS
RETIN-A MICRO GEL 0.08%, 0.06%	-	2	DERMATOLOGICALS
REVLIMID CAP (Only available through Walgreens 888-347-3416)	LD-PA	4	ASSORTED CLASSES
REYATAZ POWDER PACK	-	2	ANTIVIRALS
RHOFADE CREAM	-	2	DERMATOLOGICALS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
rifabutin cap (MYCOBUTIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	-	2	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv) (QL=2 tabs/day)	AMSP-QL	3	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	1	ANTIVIRALS
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ritonavir tab (NORVIR equiv) (QL= 12 tabs/30 days)	QL	1	ANTIVIRALS
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	1	MIGRAINE PRODUCTS
ropinirole ER tab (REQUIP XL equiv) (Step Therapy requires trial of ropinirole)	ST	1	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROSULA PAD	-	1	DERMATOLOGICALS
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERLIPIDEMICS
ROTARIX INJ	-	2	VACCINES
ROTATEQ INJ	-	2	VACCINES
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUZURGI TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
RYDAPT CAP	AMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	2	ANTIPARKINSON AGENTS
SAFETYGLIDE SYRINGE	-	1	MEDICAL DEVICES AND SUPPLIES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	AMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
salicylic acid gel 6%	-	1	DERMATOLOGICALS
SALICYLIC ACID LOTION 6%	-	1	DERMATOLOGICALS
SALIMEZ FORTE CREAM 10%	-	2	DERMATOLOGICALS
saline enema	OTC	1	LAXATIVES
saline nasal spray	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
SALMON OIL-1000 CAP	-	1	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
salsalate tab (DISALCID equiv)	-	1	ANALGESICS - NONNARCOTIC
SALVAX DUO PLUS KIT	-	2	DERMATOLOGICALS
SANCUSO PATCH	-	2	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	2	ASSORTED CLASSES
SANTYL OINT	-	2	DERMATOLOGICALS
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAVAYSA TAB (QL= 1 tab/day)	QL	2	ANTICOAGULANTS
SCALACORT DK KIT	-	2	DERMATOLOGICALS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
SCARCIN GEL	-	2	DERMATOLOGICALS
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	1	ANTIEMETICS
SECONAL CAP	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SEGLUROMET TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER or metformin combinations)	QL-ST	2	ANTIDIABETICS
SEGLUROMET TAB 2.5-500MG (QL= 4 tabs/day; Step Therapy requires trial of metformin or metformin ER or metformin combinations)	QL-ST	2	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv) (QL=2 tabs/day)	QL	1	ANTIPARKINSON AGENTS
selenium sulfide shampoo 2.3%	-	1	DERMATOLOGICALS
SELZENTRY SOLN	-	2	ANTIVIRALS
SELZENTRY TAB 150MG	-	2	ANTIVIRALS
SELZENTRY TAB 25MG	-	2	ANTIVIRALS
SELZENTRY TAB 300MG	-	2	ANTIVIRALS
SELZENTRY TAB 75MG	-	2	ANTIVIRALS
SEMPREX-D CAP 8-60MG	-	2	COUGH/COLD/ALLERGY
SENNA LAXATIVE	-	1	LAXATIVES
senna tab	OTC	1	LAXATIVES
senna-s tab	-	1	LAXATIVES
SENOKOT S TAB	OTC	1	LAXATIVES
SEREVENT DISKUS INHALER (QL= 2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	2	DERMATOLOGICALS
se-tan plus cap	-	1	HEMATOPOIETIC AGENTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sevoflurane liquid	-	1	GENERAL ANESTHETICS
SHARPS CONTAINER	-	1	MEDICAL DEVICES AND SUPPLIES
SHINGRIX INJ (Covered for members age 18 or older; QL= 2 inj/lifetime)	QL-VAC	2	VACCINES
SIKLOS TAB	-	2	HEMATOPOIETIC AGENTS
SILAZONE-II KIT	-	2	DERMATOLOGICALS
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	1	CARDIOVASCULAR AGENTS - MISC.
silver nitrate applicator	-	1	DERMATOLOGICALS
SILVER NITRATE SOLN	-	1	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
simethicone chew tab	OTC	1	GASTROINTESTINAL AGENTS - MISC.
simethicone drops	-	1	GASTROINTESTINAL AGENTS - MISC.
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day)	PA-QL	1	ANTIHYPERLIPIDEMICS
sirolimus tab (RAPAMUNE equiv)	-	1	ASSORTED CLASSES
SITAVIG TAB	-	2	ANTIVIRALS
SIVEXTRO TAB (QL=6 tabs/fill)	QL	2	ANTI-INFECTIVE AGENTS - MISC.
SKYLA IUD	-	2	CONTRACEPTIVES
SKYRIZI INJ (QL= 2 inj/84 days)	AMSP-PA-QL	4	DERMATOLOGICALS
SKYRIZI INJ (QL=1 inj/84 days)	AMSP-PA-QL	4	DERMATOLOGICALS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
sodium bicarbonate tab	-	1	ANTACIDS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
sodium chloride drops	OTC	1	OPHTHALMIC AGENTS
sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH/COLD/ALLERGY
sodium chloride oint	-	1	OPHTHALMIC AGENTS
sodium chloride tab	OTC	1	MINERALS & ELECTROLYTES
SODIUM CITRATE IN SODIUM CHLORIDE SOLN	-	1	MISCELLANEOUS THERAPEUTIC CLASSES
SODIUM CITRATE INJ	-	1	ANTICOAGULANTS
SODIUM CITRATE SOLN	-	1	ANTICOAGULANTS
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv)	-	1	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv)	-	1	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB	-	1	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium polystyrene powder (KAYEXALATE equiv)	-	1	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	1	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	1	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	1	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-PA-QL	3	ANTIVIRALS
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	1	URINARY ANTISPASMODICS
SOLOSEC GRANULES PACKET (QL= 2 packets/28 days)	QL	2	AMEBICIDES
SOLTAMAX SOLN (Step Therapy requires trial of tamoxifen tab)	ST	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SORBITOL-MANNITOL SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOTYLIZE SOLN	-	2	BETA BLOCKERS
SPINOSAD SUSP	-	1	DERMATOLOGICALS
SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	1	CONTRACEPTIVES
SPRITAM TAB	-	2	ANTICONVULSANTS
SPRYCEL TAB	AMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS SUSP	-	1	MISCELLANEOUS THERAPEUTIC CLASSES
SSKI SOLN	-	1	COUGH/COLD/ALLERGY
SSS 10-5 FOAM	-	1	DERMATOLOGICALS
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	1	ANTIVIRALS
stavudine soln (ZERIT equiv) (QL= 2400ml/30 days)	QL	1	ANTIVIRALS
STEGLATRO TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER or metformin combinations)	QL-ST	2	ANTIDIABETICS
STEGLUJAN TAB (Step Therapy requires trial of metformin or metformin ER or metformin combinations)	ST	2	ANTIDIABETICS
STIVARGA TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ 18MG/.45ML (QL= 24 vials/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRENSIQ INJ 28MG/0.7ML (QL= 24 vials/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRENSIQ INJ 40 MG/ML (QL= 24 vials/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRENSIQ INJ 80MG/0.8ML (QL= 24 vials/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB (QL= 1 tab/day)	QL	2	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STRONG IODINE SOLN	-	1	MINERALS & ELECTROLYTES
SUBSYS SPRAY (QL= 4 sprays/day)	QL	2	ANALGESICS - OPIOID
sucralfate susp (CARAFATE equiv)	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
sucralfate tab (CARAFATE equiv)	-	1	ULCER DRUGS
SULFACETAMIDE SODIUM OPHTH OINT	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1	OPHTHALMIC AGENTS
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
sulfadiazine tab (QL=8 tabs/day)	QL	1	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
SULFAMYLON PACK	-	2	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	1	MIGRAINE PRODUCTS
sunitinib malate cap (QL= 1 cap/day, Only available through Ardon 855-425-4085)	AMSP-PA-QL	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUPERVITE LIQUID	-	2	MULTIVITAMINS
SUPRANE INHALATION SOLUTION	-	2	GENERAL ANESTHETICS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
SUPRAX CAP	-	2	CEPHALOSPORINS
SUPRAX CHEW TAB	-	2	CEPHALOSPORINS
SUPRAX SUSP	-	2	CEPHALOSPORINS
SUPRAX TAB	-	2	CEPHALOSPORINS
SURVANTA INJ	-	2	RESPIRATORY AGENTS - MISC.
SYLATRON INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	2	ULCER DRUGS
SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.
SYMPAZAN ORAL FILM	-	2	ANTICONVULSANTS
SYMPROIC TAB (QL= 1 tab/day)	QL	2	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	2	ANTIVIRALS
SYNAGIS INJ	-	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNALAR CREAM	-	2	DERMATOLOGICALS
SYNAREL NASAL SOLN	PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	2	ANTIEMETICS
SYNERA PATCH	-	2	DERMATOLOGICALS
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TABLOID TAB (QL= 4 tabs/day)	QL	4	ANTINEOPLASTICS
tacrolimus cap (PROGRAF equiv)	-	1	ASSORTED CLASSES
tadalafil tab (CIALIS equiv)	QL	1	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	1	CARDIOVASCULAR AGENTS - MISC.
tamoxifen tab (NOLVADEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TARGRETIN GEL	AMSP-PA	4	DERMATOLOGICALS
TARON FORTE CAP	-	1	HEMATOPOIETIC AGENTS
TASIGNA CAP (QL=2 caps/day)	AMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEKTURNA HCT TAB	-	2	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	1	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temozolomide cap (TEMODAR equiv)	AMSP	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day)	QL	1	ANTIVIRALS
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv) (QL=1 tab/day)	QL	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream 0.4% (TERAZOL equiv) (QL=45 gm/fill)	QL	1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	1	VAGINAL PRODUCTS
terconazole cream 0.8% (TERAZOL equiv) (QL=20 gm/fill)	--QL	1	VAGINAL AND RELATED PRODUCTS
terconazole supp (TERAZOL equiv) (QL=3 supps/fill)	QL	1	VAGINAL PRODUCTS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
TERIPARATIDE INJ (QL= 2.48ml/28 days)	AMSP-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
TEST STRIP (all other test strips) (QL= 300 test strips/30 days)	OTC-QL	1	DIAGNOSTIC PRODUCTS
TESTOPEL IMPLANT PELLETS 75MG	-	2	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	PA	1	ANDROGENS-ANABOLIC
testosterone enanthate inj	-	1	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL=2.5 gm/day)	QL	1	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL=150 gm/30 days)	QL	1	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	2	TOXOIDS
tetrabenazine tab (XENAZINE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	1	TETRACYCLINES
TEXACORT SOLN	-	2	DERMATOLOGICALS
THALOMID CAP (Only available through Walgreens 888-347-3416)	LD-PA	4	ASSORTED CLASSES
THEO-24 CAP	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOCHRON TAB	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline CR tab (QUIBRON-T equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THERA TAB	-	1	MULTIVITAMINS
THROMBI-GEL PAD	-	1	HEMOSTATICS
THROMBI-PAD	-	1	HEMOSTATICS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	1	ANTICONVULSANTS
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	1	ANTICONVULSANTS
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	1	ANTICONVULSANTS
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	1	ANTICONVULSANTS
TICANASE PAK	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
TICLOPIDINE TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
tinidazole tab (TINDAMAX equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (Only available through Eversana 636-519-2400; QL=8 tabs/day)	LD-PA-QL	3	GENITOURINARY AGENTS - MISCELLANEOUS
TIROSINT CAP 125MCG	-	2	THYROID AGENTS
TIROSINT CAP 137MCG	-	2	THYROID AGENTS
TIVICAY PD TAB (QL= 180 tabs/30 days)	QL	2	ANTIVIRALS
TIVICAY TAB (QL=2 tabs/day)	QL	2	ANTIVIRALS
TIZANIDINE COMFORT KIT	-	2	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER (QL= 1 inhaler/56 days)	AMSP-PA-QL	4	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	2	OPHTHALMIC AGENTS
tobramycin neb soln (BETHKIS equiv) (QL= 280ml/30 days)	AMSP-PA-QL	3	AMINOGLYCOSIDES
tobramycin neb soln (TOBI equiv) (QL= 280ml/30 days)	AMSP-PA-QL	3	AMINOGLYCOSIDES

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
tobramycin ophth soln (TOBREX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TOBREX OPHTH OINT	-	2	OPHTHALMIC AGENTS
tolazamide tab (TOLINASE equiv)	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
TOLMETIN CAP	-	1	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
tolnaftate cream	-	1	DERMATOLOGICALS
TOLSURA CAP	-	2	ANTIFUNGALS
tolterodine tab (DETROL equiv) (QL=2 tabs/day)	QL	1	URINARY ANTISPASMODICS
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
topiramate ER cap 150mg (QUDEXY equiv) (QL= 2 caps/day)	QL	1	ANTICONVULSANTS
topiramate ER cap 200mg (QUDEXY equiv) (QL= 2 caps/day)	QL	1	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
toremifene tab (FARESTON equiv)	AMSP	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	1	DIURETICS
TRACHEOSTOMY CARE KIT	-	1	MEDICAL DEVICES AND SUPPLIES
tramadol ER tab (RYZOLT equiv) (QL= 1 tab/day; Step Therapy requires trial of tramadol tab)	QL-ST	1	ANALGESICS - OPIOID
tramadol ER tab 100mg (ULTRAM ER equiv) (QL= 1 tab/day; Step Therapy requires trial of tramadol tab)	QL-ST	1	ANALGESICS - OPIOID
tramadol ER tab 200mg (ULTRAM ER equiv) (QL= 1 tab/day; Step Therapy requires trial of tramadol tab)	QL-ST	1	ANALGESICS - OPIOID
tramadol ER tab 300mg (ULTRAM ER equiv) (QL= 1 tab/day; Step Therapy requires trial of tramadol tab)	QL-ST	1	ANALGESICS - OPIOID
TRAMADOL HCL TAB 100MG (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv) (QL= 6 tabs/day)	QL	1	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	1	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv) (QL= 6 tabs/day | 30 tabs/28 days)	QL	1	HEMOSTATICS
travoprost ophth soln (TRAVATAN Z equiv) (Step Therapy requires trial of latanoprost ophth soln)	ST	1	OPHTHALMIC AGENTS
TRECATOR TAB	-	2	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD	3	CARDIOVASCULAR AGENTS - MISC.
tretinoin cap (VESANOID equiv)	-	1	ANTINEOPLASTICS
tretinoin gel (RETIN-A GEL equiv)	-	1	DERMATOLOGICALS
TRETIN-X CREAM	-	2	DERMATOLOGICALS
TRETIN-X KIT	-	2	DERMATOLOGICALS
TREXALL TAB	-	2	ANTINEOPLASTICS
triamcinolone acetonide oint (TRIANEX equiv) (Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%)	ST	1	DERMATOLOGICALS
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	1	DERMATOLOGICALS
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	1	DERMATOLOGICALS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	1	DERMATOLOGICALS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone)	ST	1	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	1	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIANEX OINT	-	1	DERMATOLOGICALS
TRI-CHLOR SOLN	-	2	DERMATOLOGICALS
TRIFLURIDINE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	1	OPHTHALMIC AGENTS
trigels-f forte cap	-	1	HEMATOPOIETIC AGENTS
TRIGLIDE TAB	-	2	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	1	CONTRACEPTIVES
TRI-LUMA CREAM	-	2	DERMATOLOGICALS
trilyte soln (NULYTELY equiv) (QL= 2 fills/calendar year)	QL	1	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
triple antibiotic oint	-	1	DERMATOLOGICALS
TRIPLE DYE SWAB	-	1	ANTISEPTICS & DISINFECTANTS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	1	CONTRACEPTIVES
TRIUMEQ TAB	-	2	ANTIVIRALS
TRI-VI-FLOR DROPS	-	2	MULTIVITAMINS
tri-vitamin with fluoride drops	-	1	MULTIVITAMINS
TROKENDI XR CAP	-	2	ANTICONVULSANTS
TROKENDI XR CAP 100MG	-	2	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	1	OPHTHALMIC AGENTS
trospium chloride SR cap (SANCTURA XR equiv) (QL=1 tab/day)	QL	1	URINARY ANTISPASMODICS
trospium tab (SANCTURA equiv) (QL=2 tabs/day)	QL	1	URINARY ANTISPASMODICS
TRUEPLUS GLUCOSE CHEW TAB	-	1	NUTRIENTS
TRULANCE TAB (QL= 1 tab/day)	QL	2	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days; Step Therapy requires trial of metformin)	QL-ST	2	ANTIDIABETICS
TRUMENBA INJ	VAC	2	VACCINES
TRUSKIN SHEET	-	2	DERMATOLOGICALS
TUDORZA PRESSAIR INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
tussin dm syrup	OTC	1	COUGH/COLD/ALLERGY
TUXARIN ER TAB (QL= 20 tabs/day)	QL	2	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	1	VACCINES
TWINRIX INJ	VAC	2	VACCINES
TYBLUME TAB	-	1	CONTRACEPTIVES
TYBOST TAB	-	2	ANTIVIRALS
TYMLOS INJ (QL= 1.56ml/28 days)	AMSP-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
ULESFIA LOTION	-	2	DERMATOLOGICALS
ULTRASAL-ER SOLN 28.5%	-	2	DERMATOLOGICALS
ULTRAVATE LOTION	-	2	DERMATOLOGICALS
umecta mouss aer (HYDRO 40 equiv)	-	1	DERMATOLOGICALS
UNISOM SLEEPGELS 50MG	OTC	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
UPTRAVI TAB (Only available through Accredo 800-803-2523)	LD-PA	4	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI THERAPY PACK	LD-PA	4	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN FOAM	-	2	DERMATOLOGICALS
urea cream 41%	-	1	DERMATOLOGICALS
UREA CREAM 45%	-	1	DERMATOLOGICALS
urea cream 47%	-	1	DERMATOLOGICALS
urea cream 50%	-	1	DERMATOLOGICALS
UREA FOAM	-	1	DERMATOLOGICALS
urea lotion 40%	-	1	DERMATOLOGICALS
UREA NAIL KIT	-	1	DERMATOLOGICALS
UREA SUSP	-	1	DERMATOLOGICALS
uretron d-s tab	-	2	ANTI-INFECTIVE AGENTS - MISC.
URIMAR-T TAB	-	1	ANTI-INFECTIVE AGENTS - MISC.
UROQID #2 TAB	-	2	URINARY ANTI-INFECTIVES
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	1	ANTI-INFECTIVE AGENTS - MISC.
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
valganciclovir soln (VALCYTE equiv)	-	1	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	1	ANTIVIRALS
valsartan tab (DIOVAN equiv)	-	1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY (Step therapy requires trial of midazolam)	ST	2	ANTICONVULSANTS
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	1	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	1	ANTI-INFECTIVE AGENTS - MISC.
vancomycin inj	-	1	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	1	ANTI-INFECTIVE AGENTS - MISC.
VARIVAX INJ	VAC	2	VACCINES
VARUBI TAB	-	2	ANTIEMETICS
VAXCHORA SUSP	VAC	2	VACCINES
VAXELIS INJ	VAC	2	TOXOIDS
VECAMYL TAB	-	2	ANTIHYPERTENSIVES
velivet tab (CYCLESSA equiv)	-	1	CONTRACEPTIVES
VELPHORO CHEW TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	4	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENELEX OINT	-	2	DERMATOLOGICALS
VERAPAMIL CAP 100MG	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 200MG	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 300MG	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
VERAPAMIL SR CAP 360mg	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	2	DERMATOLOGICALS
VEREGEN OINT (QL=30 gm/30 days)	QL	2	DERMATOLOGICALS
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIBRAMYCIN SYRUP	-	2	TETRACYCLINES
VICTOZA INJ (QL= 60ml/30 days; Step Therapy requires trial of: metformin or metformin ER)	QL-ST	2	ANTIDIABETICS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	1	CONTRACEPTIVES
VIMPAT TAB 50MG (QL=2 tab/day)	QL	2	ANTICONVULSANTS
VINATE II TAB	-	1	MULTIVITAMINS
VINATE ONE	-	1	MULTIVITAMINS
VIOKACE TAB	-	2	DIGESTIVE AIDS
viorele tab, kariva tab (MIRCETTE equiv)	-	1	CONTRACEPTIVES
VIRACEPT POWDER	-	3	ANTIVIRALS
VIRACEPT TAB	-	2	ANTIVIRALS
VIREAD POWDER	-	2	ANTIVIRALS
VIRTUSSIN DAC SYRUP	-	1	COUGH/COLD/ALLERGY
vision formula tab	OTC	1	MULTIVITAMINS
VIT 3 CAP	-	1	HEMATOPOIETIC AGENTS
VITAFOL-OB+DHA PACK	-	1	MULTIVITAMINS
VITAL-D RX TAB	-	1	MULTIVITAMINS
VITAMEDMD ONE RX CAP	-	2	MULTIVITAMINS
vitamin b complex cap	-	1	MULTIVITAMINS
vitamin b-12 er tab	OTC	1	HEMATOPOIETIC AGENTS
vitamin b-12 tab 1000mcg	OTC	1	HEMATOPOIETIC AGENTS
vitamin b-12 tab 500mcg	OTC	1	HEMATOPOIETIC AGENTS
VITAMIN C CHEW TAB	-	1	MULTIVITAMINS
vitamin c chew tab 500mg	OTC	1	VITAMINS
vitamin D cap (RX strength only)	-	1	VITAMINS
vitamin e cap	OTC	1	VITAMINS
vitamin e cap 400unit	OTC	1	VITAMINS
VITA-RESPA TAB	-	1	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
VIVA DHA CAP	-	1	MULTIVITAMINS
VIVITROL INJ	AMSP	4	ANTIDOTES
voriconazole susp (VFEND equiv) (QL=15ml/day)	QL	1	ANTIFUNGALS
voriconazole tab (VFEND equiv) (QL=3 tabs/day)	QL	1	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	4	ANTIVIRALS
VOTRIENT TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VTOL SOLN	-	1	ANALGESICS - NONNARCOTIC
VYVANSE CAP (QL= 1 cap/day)	QL-ST	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
VYVANSE CHEW TAB (QL= 1 tab/day)	QL-ST	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
WEGOVY INJ	-	Non-formulary	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
WINRHO SDF INJ	-	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
WYNZORA CREAM (QL=420 gm/28 days)	QL-ST	2	DERMATOLOGICALS
XADAGO TAB	-	2	ANTIPARKINSON AGENTS
XARELTO STARTER PACK (QL= 1 pack/30 days)	QL	2	ANTICOAGULANTS
XARELTO SUSP (QL=10ml/day)	QL	2	ANTICOAGULANTS
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	2	ANTICOAGULANTS
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	2	ANTICOAGULANTS
XARELTO TAB 2.5MG (QL= 60 tabs/30 days)	QL	2	ANTICOAGULANTS
XARELTO TAB 20MG (QL=30 tabs/30 days)	QL	2	ANTICOAGULANTS
XATMEP SOLN	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XEMBIFY INJ (Only available through CVS Specialty 800-237-2767)	LD	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XEPI CREAM	-	2	DERMATOLOGICALS
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
XIMINO CAP	-	2	TETRACYCLINES
XOFLUZA TAB	QL	Non-formulary	ANTIVIRALS
XOLEGEL	-	2	DERMATOLOGICALS
XRYLIDERM KIT	-	1	DERMATOLOGICALS
XTAMPZA ER CAP 13.5MG (QL= 3 caps/day)	QL	2	ANALGESICS - OPIOID
XTAMPZA ER CAP 18MG (QL= 3 caps/day)	QL	2	ANALGESICS - OPIOID
XTAMPZA ER CAP 27MG (QL= 3 caps/day)	QL	2	ANALGESICS - OPIOID
XTAMPZA ER CAP 36MG (QL= 3 caps/day)	QL	2	ANALGESICS - OPIOID
XTAMPZA ER CAP 9MG (QL= 3 caps/day)	QL	2	ANALGESICS - OPIOID
XULANE PATCH	-	1	CONTRACEPTIVES
XULTOPHY INJ	-	2	ANTIDIABETICS
YONSA TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA ER TAB	-	2	HEMATOLOGICAL AGENTS - MISC.
YUPELRI SOLN	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zafemy patch (XULANE equiv)	-	1	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 2 caps/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZARXIO INJ (QL=14 syringes/28 days)	AMSP-QL	4	HEMATOPOIETIC AGENTS
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	2	ANTIPARKINSON AGENTS
zenzedi tab 10mg (DEXEDRINE equiv) (QL= 3 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv) (QL= 3 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZETONNA NASAL SPRAY (QL= 1 bottle/30 days)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Special Code	Tier	Category
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	1	ANTIVIRALS
ZIEXTENZO INJ (QL=2 inj/28 days)	AMSP-PA-QL	4	HEMATOPOIETIC AGENTS
ZILXI FOAM	-	2	DERMATOLOGICALS
zinc cap	OTC	1	MINERALS & ELECTROLYTES
zinc oxide oint 20%	OTC	1	DERMATOLOGICALS
ZIPSOR CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL	-	2	OPHTHALMIC AGENTS
ZITHRANOL SHAMPOO	-	2	DERMATOLOGICALS
ZOLINZA CAP	PA	2	ANTINEOPLASTICS
zolmitriptan ODT (ZOMIG equiv) (QL= 6 tabs/30 days)	QL	1	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 6 tabs/30 days)	QL	1	MIGRAINE PRODUCTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day; Step Therapy requires trial of zolpidem tab)	QL-ST	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem tab 10 MG (AMBIEN equiv) (QL=1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem tab 5 MG (AMBIEN equiv) (QL=2 tabs/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZOLPIMIST SPRAY (QL= 1 bottle/30 days)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZORVOLEX CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	2	VACCINES
ZTLIDO PATCH	-	2	DERMATOLOGICALS
ZUBSOLV SL TAB	-	2	ANALGESICS - OPIOID
ZYCLARA CREAM 2.5%	-	2	DERMATOLOGICALS
ZYFLO TAB	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYLET OPHTH SUSP	-	2	OPHTHALMIC AGENTS
ZYPITAMAG TAB (QL= 1 tab/day)	QL	2	ANTIHYPERLIPIDEMICS

	NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

DrugName	Special Code	Tier
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (QL=2 caps/day)	QL	1
amphetamine/dextroamphetamine tab (ADDERALL equiv) (QL= 2 tabs/day)	QL	1
dextroamphetamine 5mg tab (QL= 3 tabs/day)	QL	1
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 4 caps/day)	QL	1
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	1
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	1
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	1
zenzedi tab 10mg (DEXEDRINE equiv) (QL= 3 tabs/day)	QL	1
zenzedi tab 5mg (DEXEDRINE equiv) (QL= 3 tabs/day)	QL	1
VYVANSE CAP (QL= 1 cap/day)	QL-ST	2
VYVANSE CHEW TAB (QL= 1 tab/day)	QL-ST	2
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv)	-	1
ANTI-OBESITY AGENTS		
WEGOVY INJ	-	Non-formulary
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
QELBREE ER CAP	QL	Non-formulary
STIMULANTS - MISC.		
dexmethylphenidate tab (FOCALIN equiv) (QL= 2 tabs/day)	QL	1
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	1
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	1
methylphenidate ER cap 10mg (RITALIN LA equiv) (QL= 1 cap/day)	QL	1
methylphenidate ER cap 20mg (QL= 2 caps/day)	QL	1
methylphenidate ER cap 30mg (RITALIN LA equiv) (QL= 2 caps/day)	QL	1
methylphenidate ER cap 40mg (RITALIN LA equiv) (QL= 1 cap/day)	QL	1
methylphenidate ER cap 60mg (RITALIN LA equiv) (QL= 1 cap/day)	QL	1
methylphenidate ER tab (QL= 2 tabs/day)	QL	1
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	1
methylphenidate ER tab 18mg (QL= 2 tabs/day)	QL	1
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	1
methylphenidate ER tab 27mg (QL= 2 tabs/day)	QL	1
methylphenidate ER tab 36mg (QL= 2 tabs/day)	QL	1
methylphenidate ER tab 54mg (QL= 2 tabs/day)	QL	1
METHYLPHENIDATE ER TAB 72MG (QL= 2 tabs/day)	QL	1
methylphenidate soln 10mg/5ml (QL= 900ml/30 days)	QL	1
methylphenidate soln 5mg/5ml (METHYLIN equiv) (QL= 1800ml/30 days)	QL	1
methylphenidate tab (RITALIN equiv) (QL= 3 tabs/day)	QL	1
COTEMPLA XR ODT 25.9MG	-	2
COTEMPLA XR ODT 8.6MG	-	2
DAYTRANA PATCH	-	2
JORNAY PM CAP (QL=1 cap/day)	QL	2
METHYLPHENIDATE ER TAB (QL= 2 tabs/day)	QL	2
QUILLICHEW ER TAB (QL= 1 tab/day)	QL	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
QUILLICHEW ER TAB 20MG (QL=3 tabs/day)	QL	2
QUILLICHEW ER TAB 30MG (QL=2 tabs/day)	QL	2
QUILLIVANT XR SUSP	-	2
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ODACTRA SL TAB	-	2
ORALAIR SL TAB	-	2
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - M'S		
melatonin tab 3mg	OTC	1
ALTERNATIVE MEDICINE COMBINATIONS		
MELATONIN TAB	--OTC	1
AMEBICIDES		
AMEBICIDES		
SOLOSEC GRANULES PACKET (QL= 2 packets/28 days)	QL	2
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	1
paromomycin cap (HUMATIN equiv)	-	1
tobramycin neb soln (BETHKIS equiv) (QL= 280ml/30 days)	AMSP-PA-QL	3
tobramycin neb soln (TOBI equiv) (QL= 280ml/30 days)	AMSP-PA-QL	3
TOBI PODHALER (QL= 1 inhaler/56 days)	AMSP-PA-QL	4
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	AMSP-PA-QL	4
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	AMSP-PA-QL	4
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	AMSP-PA-QL	4
HUMIRA INJ 80MG (QL =3 syringes/28 days)	AMSP-PA-QL	4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL=3 syringes/28 days)	AMSP-PA-QL	4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL=2 kits/28 days)	AMSP-PA-QL	4
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL=1 pack/28 days)	AMSP-PA-QL	4
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	4
HUMIRA PEN 40MG (QL= 2 pens/28 days)	AMSP-PA-QL	4
HUMIRA PEN 80MG (QL=3 syringes/28 days)	AMSP-PA-QL	4
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	AMSP-PA-QL	4
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1
celecoxib cap 400mg (QL= 2 caps/day)	QL-ST	1
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
etodolac cap (LODINE equiv)	-	1
etodolac ER tab (LODINE XL equiv)	-	1
etodolac tab	-	1
FLURBIPROFEN TAB	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen cap	OTC	1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
KETOPROFEN CAP	-	1
ketoprofen cap (ORUDIS equiv)	-	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/30 days)	QL	1
meloxicam cap (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, aspirin, naproxen, diclofenac, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen sodium tab (ANAPROX equiv)	-	1
NAPROXEN SUSP	-	1
naproxen susp (NAPROSYN equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
oxaprozin tab (DAYPRO equiv)	-	1
piroxicam cap (FELDENE equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
TOLMETIN CAP	-	1
tolmetin cap (TOLECTIN DS equiv)	-	1
TOLMETIN TAB	-	1
COMFORT PAC-NAPROXEN KIT	-	2
INDOCIN SUPP	-	2
INDOCIN SUSP	-	2
NUDROXIPAK I-800 KIT	-	2
RELAFEN DS TAB (QL= 2 tabs/day)	QL	2
ZIPSOR CAP	-	2
ZORVOLEX CAP	-	2
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	4
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	4
ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	4
ENBREL MINI INJ (QL=4 inj/28 days)	AMSP-PA-QL	4
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	4
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
butalbital/acetaminophen/caffeine cap (FIORICET equiv) (QL=6 caps/day)	QL	1
butalbital/acetaminophen/caffeine soln	-	1
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	1
butalbital/aspirin/caffeine cap (FIORINAL equiv)	-	1
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	1
migraine relief tab	-	1
VTOL SOLN	-	1
ANALGESICS OTHER		
acetaminophen chew tab 80mg	OTC	1
acetaminophen elixir	-	1
acetaminophen er tab	-	1
acetaminophen soln	OTC	1
acetaminophen susp	OTC	1
acetaminophen tab	OTC	1
FEVERALL SUPP 325MG	-	1
FEVERALL SUPP	-	2
SALICYLATES		
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	1
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	1
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	1
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	1
ASPIRIN TAB 81MG	OTC	1
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	1
buffered aspirin tab	-	1
BUFFERIN TAB 325MG	OTC	1
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1
diflunisal tab (DOLOBID equiv)	-	1
ECOTRIN EC TAB 325MG	OTC	1
salsalate tab (DISALCID equiv)	-	1
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULFATE SOLN	-	1
CODEINE SULFATE TAB	-	1
FENTANYL BUCCAL TAB (QL= 3 tabs/day)	QL	1
fentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	1
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	1
hydromorphone liquid (DILAUDID equiv)	-	1
HYDROMORPHONE SUPP	-	1
hydromorphone tab (DILAUDID equiv)	-	1
MEPERIDINE SOLN	-	1
MEPERIDINE TAB	-	1
METHADONE SOLN	-	1
methadone soln (QL= 20ml/day)	--QL	1
methadone soln (QL= 4 ml/day)	--QL	1
methadone soln (QL= 40ml/day)	--QL	1
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	1
methadose tab (QL= 1 tab/day)	QL	1
morphine sulfate ER cap 100mg (QL= 2 caps/day)	QL	1
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day)	QL	1
morphine sulfate ER cap 30mg (QL= 2 caps/day)	QL	1
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	QL	1
morphine sulfate soln	-	1
MORPHINE SULFATE SUPP	-	1
morphine sulfate tab	-	1
oxycodone cap (OXYIR equiv) (QL= 16 caps/day)	QL	1
oxycodone conc (ROXICODONE equiv) (QL= 240 syringes/30 days)	QL	1
OXYCODONE ER TAB 10MG (QL= 3 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	1
OXYCODONE ER TAB 20MG (QL= 3 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	1
oxycodone soln (ROXICODONE equiv) (QL= 2400ml/30 days)	QL	1
oxycodone tab 10mg (ROXICODONE equiv) (QL= 8 tabs/day)	QL	1
oxycodone tab 15mg (ROXICODONE equiv) (QL= 5.34 tabs/day)	QL	1
oxycodone tab 20mg (ROXICODONE equiv) (QL= 4 tabs/day)	QL	1
oxycodone tab 30mg (ROXICODONE equiv) (QL= 2 tabs/day)	QL	1
oxycodone tab 5mg (ROXICODONE equiv) (QL= 16 tabs/day)	QL	1
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	1
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	1
oxymorphone tab (OPANA equiv)	-	1
tramadol ER tab (RYZOLT equiv) (QL= 1 tab/day; Step Therapy requires trial of tramadol tab)	QL-ST	1
tramadol ER tab 100mg (ULTRAM ER equiv) (QL= 1 tab/day; Step Therapy requires trial of tramadol tab)	QL-ST	1
tramadol ER tab 200mg (ULTRAM ER equiv) (QL= 1 tab/day; Step Therapy requires trial of tramadol tab)	QL-ST	1
tramadol ER tab 300mg (ULTRAM ER equiv) (QL= 1 tab/day; Step Therapy requires trial of tramadol tab)	QL-ST	1
TRAMADOL HCL TAB 100MG (QL= 4 tabs/day)	QL	1
tramadol tab (ULTRAM equiv)	-	1
DSUVIA SL TAB	-	2
FENTORA TAB (QL= 3 tabs/day)	QL	2
LAZANDA NASAL SPRAY	-	2
MORPHINE SULFATE TAB	-	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2
NUCYNTA TAB	-	2
OXAYDO TAB, ROXYBOND TAB	-	2
OXYCONTIN TAB 15MG (QL= 3 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	2
SUBSYS SPRAY (QL= 4 sprays/day)	QL	2
XTAMPZA ER CAP 13.5MG (QL= 3 caps/day)	QL	2
XTAMPZA ER CAP 18MG (QL= 3 caps/day)	QL	2
XTAMPZA ER CAP 27MG (QL= 3 caps/day)	QL	2
XTAMPZA ER CAP 36MG (QL= 3 caps/day)	QL	2
XTAMPZA ER CAP 9MG (QL= 3 caps/day)	QL	2
morphine sulfate inj	-	Non-formulary
OPIOID COMBINATIONS		
acetaminophen/codeine soln (QL= 990ml/30 days)	QL	1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL= 12 tabs/day)	QL	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
acetaminophen/codeine tab 300mg/60mg (TYLENOL/CODEINE equiv) (QL= 6 tabs/day)	QL	1
BENZHYDROCODONE-ACETAMINOPHEN TAB (QL= 12 tabs/day)	QL	1
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL= 6 caps/day)	QL	1
butalbital/aspirin/caffeine/codeine cap (FIORINAL/CODEINE equiv)	-	1
dvorah tab	-	1
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 90ml/day)	QL	1
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	1
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day)	QL	1
hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day)	QL	1
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	1
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	1
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	1
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	1
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	1
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	1
OXYCODONE/ASPIRIN TAB	-	1
OXYCODONE/IBUPROFEN TAB	-	1
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	1
REPREXAIN TAB (QL=16 tabs/30 days)	QL	1
tramadol/acetaminophen tab (ULTRACET equiv) (QL= 6 tabs/day)	QL	1
OPIOID PARTIAL AGONISTS		
buprenorphine patch 15mcg/hr	-	1
buprenorphine patch 7.5mcg/hr	-	1
buprenorphine SL tab (SUBUTEX equiv) (QL= 3 tabs/day)	QL	1
buprenorphine/naloxone sl film 12-3mg (SUBOXONE SL FILM equiv) (QL= 2 films/day)	QL	1
buprenorphine/naloxone sl film 2-0.5MG (SUBOXONE equiv) (QL= 1 film/day)	QL	1
buprenorphine/naloxone sl film 4-1MG (SUBOXONE equiv) (QL= 1 film/day)	QL	1
buprenorphine/naloxone sl film 8-2mg (SUBOXONE SL FILM equiv) (QL= 2 films/day)	QL	1
buprenorphine/naloxone SL tab (SUBOXONE equiv) (QL= 90 tabs/30 days)	QL	1
butorphanol nasal spray (QL= 1 bottle/15 days; 2 fills/30 days)	QL	1
pentazocine/naloxone tab (TALWIN NX equiv)	-	1
BUNAVAIL FILM	-	2
ZUBSOLV SL TAB	-	2
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	1
ANDROGENS		
danazol cap (DANOCRINE equiv)	-	1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	PA	1
TESTOSTERONE ENANTHATE INJ	-	1
testosterone gel 1% 25mg (ANDROGEL equiv) (QL=2.5 gm/day)	QL	1
testosterone gel pump 1.62% (ANDROGEL equiv) (QL=150 gm/30 days)	QL	1
ANDRODERM PATCH 2 MG/24 HR (QL= 2 patches/day)	QL	2
ANDRODERM PATCH 4 MG/24 HR (QL= 1 patch/day)	QL	2
METHITEST TAB	PA	2
NATESTO NASAL GEL	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
TESTOPEL IMPLANT PELLETS 75MG	-	2
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	1
CORTIFOAM	-	2
RECTAL COMBINATIONS		
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	1
ANALPRAM HC LOTION	-	2
ANALPRAM-E KIT	-	2
PROCTOFOAM HC FOAM	-	2
RECTAL LOCAL ANESTHETICS		
lidocaine cream	OTC	1
RECTAL STEROIDS		
hydrocortisone supp (ANUSOL HC equiv)	-	1
proctosol HC cream (ANUSOL HC equiv)	-	1
ANTACIDS		
ANTACID COMBINATIONS		
antacid susp	OTC	1
ANTACIDS - BICARBONATE		
sodium bicarbonate tab	-	1
ANTACIDS - CALCIUM SALTS		
antacid chew tab	OTC	1
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab	OTC	1
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab (ALBENZA equiv)	-	1
BENZNIDAZOLE TAB (QL= 360 tabs/365 days)	QL	1
ivermectin tab (STROMECTOL equiv)	-	1
praziquantel tab (BILTRICIDE equiv)	-	1
EGATEN TAB	-	2
EMVERM TAB	-	2
ANTIANGINAL AGENTS		
NITRATES		
ISOSORBIDE DINITRATE ER TAB	-	1
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
NITROGLYCERIN ER CAP	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
DILATRATE SR CAP	-	2
GONITRO POWDER	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTIANGINAL AGENTS Cont.		
NITRO-BID OINT	-	2
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
HYDROXYZINE PAMOATE CAP 100MG	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
disopyramide ER cap (NORPACE CR equiv)	-	1
quinidine sulfate tab (QL=8 tabs/day)	QL	1
NORPACE CR CAP	-	2
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	1
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone er cap 325mg	-	1
propafenone tab (RYTHMOL equiv)	-	1
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap 500mcg	-	1
MULTAQ TAB	-	2
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	4
NUCALA INJ (QL=1 inj/28 days)	AMSP-PA-QL	4
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	1
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER	-	2
INCRUSE ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	2
LONHALA MAGNAIR SOLN	-	2
SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device)	QL	2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days)	QL	2
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	2
TUDORZA PRESSAIR INHALER (QL= 1 inhaler/30 days)	QL	2
YUPELRI SOLN	-	2
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
zafirlukast tab (ACCOLATE equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
ZYFLO TAB	-	2
STEROID INHALANTS		
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days)	QL	1
budesonide inh susp 1mg/2ml (QL= 60 units/30 days)	QL	1
ALVESCO INHALER 160MCG (QL= 2 inhalers/30 days)	QL	2
ALVESCO INHALER 80MCG (QL= 4 inhalers/30 days)	QL	2
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	2
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	2
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	2
FLOVENT DISKUS INHALER 250MCG (QL= 2 inhalers/30 days)	QL	2
FLOVENT DISKUS INHALER 50MCG, 100MCG (QL=1 inhaler/30 days)	QL	2
FLOVENT HFA INHALER 110MCG (QL= 1 inhaler/30 days)	QL	2
FLOVENT HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	2
FLOVENT HFA INHALER 44MCG (QL=2 inhalers/30 days)	QL	2
PULMICORT FLEXHALER (QL= 2 inhalers/30 days)	QL	2
QVAR REDIHALER (QL= 2 inhalers/30 days)	QL	2
SYMPATHOMIMETICS		
albuterol HFA inhaler (QL= 2 inhalers/30 days)	QL	1
albuterol HFA inhaler (PROAIR equiv)	QL--	1
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL--	1
albuterol neb soln	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1
albuterol sulfate syrup	-	1
albuterol sulfate tab	-	1
ALBUTEROL TAB ER	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
BUDESONIDE/FORMOTEROL INHALER (QL 1 inhaler/30 days)	QL	1
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	1
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	1
LEVALBUTEROL INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler or LEVALBUTEROL INHALER)	QL-ST	1
levalbuterol neb soln (XOPENEX equiv) (QL= 96 vials/30 days; Step Therapy requires trial of albuterol neb soln)	QL-ST	1
METAPROTERENOL SYRUP	-	1
METAPROTERENOL TAB	-	1
terbutaline sulfate tab (BRETHINE equiv)	-	1
ADVAIR HFA INHALER (QL= 1 inhaler/30 days)	QL	2
ARCAPTA NEOHALER	-	2
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	2
DUAKLIR INHALER (QL= 1 inhaler/30 days)	QL	2
DULERA INHALER (QL= 1 inhaler/30 days)	QL	2
SEREVENT DISKUS INHALER (QL= 2 inhalers/30 days)	QL	2
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	2
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	2
XANTHINES		
ELIXOPHYLLIN ELIXIR	-	1
THEOCHRON TAB	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
theophylline CR tab (QUIBRON-T equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
THEO-24 CAP	-	2
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.		
ANTICOAGULANT SODIUM CITRATE INJ	-	1
SODIUM CITRATE INJ	-	1
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
DIRECT FACTOR XA INHIBITORS		
ELIQUIS STARTER PACK (QL= 1 pack /30 days)	QL	2
ELIQUIS TAB 2.5MG (QL= 2 tabs/1 day)	QL	2
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	2
SAVAYSA TAB (QL= 1 tab/day)	QL	2
XARELTO STARTER PACK (QL= 1 pack/30 days)	QL	2
XARELTO SUSP (QL=10ml/day)	QL	2
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	2
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	2
XARELTO TAB 2.5MG (QL= 60 tabs/30 days)	QL	2
XARELTO TAB 20MG (QL=30 tabs/30 days)	QL	2
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj 100mg (LOVENOX equiv) (QL= 20ml/30 days)	QL	1
enoxaparin inj 120mg (LOVENOX equiv) (QL= 16ml/30 days)	QL	1
enoxaparin inj 150mg (LOVENOX equiv) (QL= 20ml/30 days)	QL	1
enoxaparin inj 300mg (LOVENOX equiv) (QL= 30ml/30 days)	QL	1
enoxaparin inj 30mg (LOVENOX equiv) (QL= 6ml/30 days)	QL	1
enoxaparin inj 40mg (LOVENOX equiv) (QL= 8ml/30 days)	QL	1
enoxaparin inj 60mg (LOVENOX equiv) (QL= 12ml/30 days)	QL	1
enoxaparin inj 80mg (LOVENOX equiv) (QL= 16ml/30 days)	QL	1
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv) (QL= 8ml/30 days)	QL	1
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv) (QL= 5ml/30 days)	QL	1
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv) (QL= 4ml/30 days)	QL	1
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv) (QL= 6 ml/30 days)	QL	1
heparin porcine inj	-	1
IN VITRO/LOCK ANTICOAGULANTS		
CITRATE PHOSPHATE DEXTROSE SOLN	-	1
SODIUM CITRATE SOLN	-	1
THROMBIN INHIBITORS		
PRADAXA CAP (QL= 2 tabs/day)	QL	2
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	-	2
FYCOMPA SUSP	-	2
ANTICONVULSANTS - BENZODIAZEPINES		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
clonazepam ODT (KLONOPIN equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
DIAZEPAM RECTAL GEL (QL= 1 unit/30 days)	QL	1
DIAZEPAM RECTAL GEL	-	2
SYMPAZAN ORAL FILM	-	2
VALTOCO NASAL SPRAY (Step therapy requires trial of midazolam)	ST	2
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine ER cap (CARBATROL equiv)	-	1
carbamazepine ER tab (TEGRETOL XR equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv)	-	1
gabapentin soln	-	1
gabapentin tab (NEURONTIN equiv)	-	1
levetiracetam ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
pregabalin cap 100mg (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin cap 150mg (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin cap 200mg (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin cap 225mg (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin cap 25mg (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin cap 300mg (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin cap 50mg (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin cap 75mg (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	1
primidone tab (MYSOLINE equiv)	-	1
topiramate ER cap 150mg (QUDEXY equiv) (QL= 2 caps/day)	QL	1
topiramate ER cap 200mg (QUDEXY equiv) (QL= 2 caps/day)	QL	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
APTIOM TAB (QL= 1 tab/day)	QL	2
APTIOM TAB 600MG (QL=2 tabs/day)	QL	2
OXTELLAR XR TAB 150MG	-	2
OXTELLAR XR TAB 300MG	-	2
OXTELLAR XR TAB 600MG	-	2
SPRITAM TAB	-	2
TROKENDI XR CAP	-	2
TROKENDI XR CAP 100MG	-	2
VIMPAT TAB 50MG (QL=2 tab/day)	QL	2
CARBAMATES		
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	1
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	1
GABA MODULATORS		
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	1
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	1
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	1
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	1
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin chew tab (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
PEGANONE TAB	-	2
SUCCINIMIDES		
ethosuximide cap (ZARONTIN equiv)	-	1
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv) (QL=3 tabs/day)	QL	1
ANTIDIABETIC COMBINATIONS		
ALOGLIPTIN/METFORMIN TAB (QL= 2 tabs/day; Step Therapy requires trial of ALOGLIPTIN/METFORMIN, ALOGLIPTIN/PIOGLITAZONE, ALOGLIPTIN, metformin or metformin ER)	QL-ST	1
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
pioglitazone/metformin tab (ACTOPLUS MET equiv) (QL= 3 tabs/day)	QL	1
GLYXAMBI TAB (Step Therapy requires trial of metformin or metformin ER or metformin combinations)	ST	2
QTERN TAB (Step Therapy requires trial of metformin or metformin ER or metformin combinations)	ST	2
SEGLUROMET TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER or metformin combinations)	QL-ST	2
SEGLUROMET TAB 2.5-500MG (QL= 4 tabs/day; Step Therapy requires trial of metformin or metformin ER or metformin combinations)	QL-ST	2
STEGLUJAN TAB (Step Therapy requires trial of metformin or metformin ER or metformin combinations)	ST	2
XULTOPHY INJ	-	2
BIGUANIDES		
metformin ER osmotic tab (FORTAMET equiv)	-	1
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
DIABETIC OTHER		
diazoxide susp (PROGLYCEM equiv) (QL=336 ml/30 days)	QL	1
glucagon (rdna) for inj kit (GLUCAGON equiv)	-	1
GLUCOSE CHEW TAB	OTC	1
glucose gel packet	-	1
INSTA-GLUCOSE GEL	OTC	1
BAQSIMI NASAL POWDER	-	2
GLUCAGON INJ KIT	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
GVOKE INJ	-	2
GVOKE INJ KIT (QL=2 vials/fill, 2 fills/30 days)	QL	2
GVOKE PFS INJ	-	2
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN TAB (QL= 1 tab/day; Step Therapy requires trial of ALOGLIPTIN/METFORMIN, ALOGLIPTIN, metformin)	QL-ST	1
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
TRULICITY INJ (QL= 4 pens/28 days; Step Therapy requires trial of metformin)	QL-ST	2
VICTOZA INJ (QL= 60ml/30 days; Step Therapy requires trial of: metformin or metformin ER)	QL-ST	2
INSULIN		
BASAGLAR INJ (QL= 60ml/30 days)	QL	1
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60ml/30 days)	QL	1
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60ml/30 days)	QL	1
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60ml/30 days)	QL	1
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60ml/30 days)	QL	1
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60ml/30 days)	QL	1
INSULIN LISPRO INJ (QL= 60ml/30 days)	QL	1
INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= 60ml/30 days)	QL	1
INSULIN LISPRO PROTAMINE INJ (QL= 60ml/30 days)	QL	1
ADMELOG INJ (QL= 60ml/30 days)	QL	2
ADMELOG SOLOSTAR INJ (QL= 60ml/30 days)	QL	2
AFREZZA INH POWDER	--PA	2
HUMALOG MIX 50-50 KWIKPEN (QL= 60ml/30 days)	QL	2
HUMALOG MIX INJ (QL= 60ml/30 days)	QL	2
HUMULIN MIX INJ (QL= 60ml/30 days)	OTC-QL	2
HUMULIN MIX PEN INJ (QL= 60ml/30 days)	OTC-QL	2
HUMULIN N INJ (QL= 60ml/30 days)	OTC-QL	2
HUMULIN N PEN INJ (QL= 60ml/30 days)	OTC-QL	2
HUMULIN R INJ (QL= 60ml/30days)	OTC-QL	2
HUMULIN R INJ U-500 (QL= 40ml/30 days)	QL	2
HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/30 days)	QL	2
NOVOLIN 70/30 FLEXPEN INJ (QL= 60ml/30 days)	OTC-QL	2
NOVOLIN 70/30 INJ (QL= 60ml/30 days)	QL	2
NOVOLIN N FLEXPEN INJ (QL=60ml/30 days)	QL	2
NOVOLIN N INJ (QL= 60ml/30 days)	QL	2
NOVOLIN N RELION INJ (QL= 60ml/30 days)	OTC-QL	2
NOVOLIN R FLEXPEN INJ (QL= 60ml/30 days)	QL	2
NOVOLIN R INJ (QL= 60ml/30 days)	QL	2
NOVOLIN RELION INJ 70/30 (QL= 60mls/30 days)	OTC-QL	2
NOVOLIN VIAL (QL= 60ml/30 days)	OTC-QL	2
LYUMJEV	QL	Non-formulary
LYUMJEV KWIKPEN	QL	Non-formulary
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv) (QL= 1 tab/day)	QL	1
AVANDIA TAB	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
MEGLITINIDE ANALOGUES		
nateglinide tab (STARLIX equiv)	-	1
repaglinide tab (PRANDIN equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	1
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
JARDIANCE TAB (QL= 1 tab/day; Step Therapy requires trial of metformin or metformin ER or metformin combinations)	QL-ST	2
STEGLATRO TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER or metformin combinations)	QL-ST	2
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab (GLYNASE equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1
tolazamide tab (TOLINASE equiv)	-	1
TOLBUTAMIDE TAB	-	2
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
pink bismuth susp	OTC	1
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	1
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB (QL= 2 tabs/day)	QL	2
ANTIDIARRHEAL AGENTS - MISC.		
pink bismuth chew tab	-	1
ANTIDIARRHEAL COMBINATIONS		
RESTORA RX CAP	-	2
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
loperamide cap (IMODIUM equiv)	-	1
MOTOFEN TAB	-	2
PAREGORIC TINCTURE	-	2
ANTIDOTES		
ANTIDOTES		
RADIOGARDASE CAP	-	2
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
OPIOID ANTAGONISTS		
naltrexone tab (REVIA equiv)	-	1
KLOXXADO NASAL SPRAY, NARCAN NASAL SPRAY	-	2
VIVITROL INJ	AMSP	4
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox tab (EXJADE equiv)	AMSP	3

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
deferasirox tab (JADENU equiv)	AMSP	3
deferasirox granules packet (JADENU equiv)	AMSP-PA	4
OPIOID ANTAGONISTS		
naloxone inj	-	1
naloxone nasal spray	-	1
NALOXONE PREFILLED INJ	-	1
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 1 tab/15 days; Step therapy requires trial of ondansetron)	QL-ST	1
ondansetron ODT 4 MG (ZOFRAN equiv) (QL=6 tabs/day)	QL	1
ondansetron ODT 8 MG (ZOFRAN equiv) (QL=3 tabs/day)	QL	1
ondansetron soln 4 MG/5 ML (ZOFRAN equiv) (QL= 5ml/day)	QL	1
ONDANSETRON TAB 24MG (QL= 1 tab/30 days)	QL	1
ondansetron tab 4 MG (ZOFRAN equiv) (QL=6 tabs/day)	QL	1
ondansetron tab 8 MG (ZOFRAN equiv) (QL=90 tabs/30 days)	QL	1
SANCUSO PATCH	-	2
ANTIEMETICS - ANTICHOLINERGIC		
meclizine tab (ANTIVERT equiv)	-	1
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	1
trimethobenzamide cap (TIGAN equiv)	-	1
ANTIEMETICS - MISCELLANEOUS		
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	1
dronabinol cap (MARINOL equiv)	PA	1
AKYNZEO CAP (Step Therapy requires trial of aprepitant, granisetron, or ondansetron)	ST	2
CESAMET CAP (QL= 1 cap/day)	QL	2
SYNDROS SOLN	-	2
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days)	QL	1
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days)	QL	1
VARUBI TAB	-	2
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap (ANCOBON equiv)	-	1
griseofulvin susp (GRIFULVIN equiv)	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv) (QL=1 tab/day)	QL	1
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
itraconazole cap (SPORANOX equiv)	-	1
itraconazole soln (SPORANOX equiv)	-	1
ketoconazole tab (NIZORAL equiv)	-	1
voriconazole susp (VFEND equiv) (QL=15ml/day)	QL	1
voriconazole tab (VFEND equiv) (QL=3 tabs/day)	QL	1
CRESEMBA CAP	PA	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
TOLSURA CAP	-	2
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine ER cap	-	1
chlorpheniramine tab	-	1
DEXCHLORPHENIRAMINE SYRUP	-	1
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE SOLN	-	1
carbinoxamine soln (PALGIC equiv)	-	1
carbinoxamine tab (PALGIC equiv) (QL=240 tabs/30 days)	QL	1
CLEMASTINE TAB	-	1
diphenhydramine chew tab	-	1
diphenhydramine liquid	--OTC	1
diphenhydramine ODT	-	1
diphenhydramine tab	OTC	1
KARBINAL ER SUSP	-	2
ANTIHISTAMINES - NON-SEDATING		
cetirizine chew tab (ZYRTEC equiv)	OTC-QL	1
cetirizine tab (ZYRTEC equiv)	OTC	1
desloratadine tab (CLARINEX equiv) (QL= 1 tab/day)	QL	1
fexofenadine tab 180mg	OTC-QL	1
levocetirizine soln (XYZAL equiv) (QL= 10ml/day)	QL	1
loratadine ODT (CLARITIN equiv)	OTC	1
loratadine syrup (CLARITIN equiv)	OTC	1
loratadine tab (CLARITIN equiv)	OTC	1
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine supp (PHENERGAN equiv)	-	1
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
PROMETHEGAN SUPP	-	1
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	1
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colesevelam tab (WELCHOL equiv)	-	1
colestipol granule (COLESTID equiv)	-	1
colestipol powder packet (COLESTID equiv)	-	1
colestipol tab (COLESTID equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
FIBRIC ACID DERIVATIVES		
FENOFIBRATE CAP	-	1
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	1
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
fenofibric acid DR cap (TRILIPIX equiv)	-	1
FENOFIBRIC TAB	-	1
gemfibrozil tab (LOPID equiv)	-	1
TRIGLIDE TAB	-	2
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab 10mg (LIPITOR equiv) (QL= 1 tab/day)	QL	1
atorvastatin tab 20mg (LIPITOR equiv) (QL= 1 tab/day)	QL	1
atorvastatin tab 40mg (LIPITOR equiv) (QL= 1 tab/day)	QL	1
atorvastatin tab 80mg (LIPITOR equiv) (QL= 1 tab/day)	QL	1
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day)	QL	1
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day)	QL	1
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day)	QL	1
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day)	QL	1
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day)	PA-QL	1
ALTOPREV TAB	-	2
FLOLIPID SUSP (QL= 300ml/30 days)	QL	2
LIVALO TAB (QL= 1 tab/day)	QL	2
ZYPITAMAG TAB (QL= 1 tab/day)	QL	2
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	1
NICOTINIC ACID DERIVATIVES		
NIACOR TAB	-	1
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ	AMSP-PA	4
REPATHA INJ	AMSP-PA	4
REPATHA PUSHTRONEX INJ	AMSP-PA	4
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
moexipril tab (UNIVASC equiv)	-	1
perindopril tab (ACEON equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
trandolapril tab (MAVIK equiv)	-	1
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine cap (DEMSER equiv) (QL= 448 caps/28 days)	PA-QL	3

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan tab (ATACAND equiv) (Step Therapy requires trial of 2: irbesartan, irbesartan/hctz. losartan, or losartan/hctz)	ST	1
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
EDARBI TAB	-	2
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv) (QL=1 patch/7 days)	QL	1
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
METHYLDOPA TAB	-	2
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
amlodipine/olmesartan tab (AZOR TAB equiv)	-	1
amlodipine/valsartan tab (EXFORGE equiv)	-	1
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of 2: irbesartan, irbesartan/hctz. losartan, or losartan/hctz)	ST	1
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	1
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	ST--	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	1
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1
METOPROLOL/HYDROCHLOROTHIAZIDE TAB	-	1
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	1
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	1
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	1
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
trandolapril/verapamil ER tab (TARKA equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
BENAZEPEPRIL/HYDROCHLOROTHIAZIDE TAB	-	2
EDARBYCLOR TAB	-	2
PRESTALIA TAB	-	2
TEKTURNA HCT TAB	-	2
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	-	2
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv) (QL= 2 tabs/day)	QL	1
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole cap (FLAGYL equiv)	-	1
metronidazole tab (FLAGYL equiv)	-	1
pentamidine neb soln (NEBUPENT equiv) (QL=1 vial/month)	QL	1
tinidazole tab (TINDAMAX equiv)	-	1
AEMCOLO TAB	-	2
PRIMSOL SOLN	-	2
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	PA-QL	2
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	2
IMPAVIDO CAP	AMSP-PA	4
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
URIMAR-T TAB	-	1
UTA cap	-	1
uretron d-s tab	-	2
ANTIPROTOZOAL AGENTS		
atovaquone susp (MEPRON equiv)	-	1
ALINIA SUSP	-	2
LAMPIT TAB	-	2
GLYCOPEPTIDES		
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	1
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	1
vancomycin inj	-	1
VANCOMYCIN SOLN	-	1
FIRVANQ SOLN 25MG/ML (QL= 300ml/30 days)	QL	2
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
OXAZOLIDINONES		
linezolid susp	-	1
SIVEXTRO TAB (QL=6 tabs/fill)	QL	2
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powder pack (MONUROL equiv)	-	1
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
nitrofurantoin susp (FURADANTIN equiv)	-	1
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	1
COARTEM TAB	-	2
ANTIMALARIALS		
CHLOROQUINE TAB	-	1
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
mefloquine tab (LARIAM equiv)	-	1
quinine sulfate cap (QUALAQUIN equiv)	-	1
HYDROXYCHLOROQUINE TAB (Step Therapy requires trial of hydroxychloroquine tab 200mg)	ST	2
PRIMAQUINE TAB	-	2
primaquine tab (PRIMAQUINE equiv)	-	2
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB	-	1
pyridostigmine CR tab (MESTINON equiv)	-	1
pyridostigmine tab (MESTINON equiv)	-	1
RUZURGI TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	2
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	2
RIFATER TAB	-	2
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE CAP	-	1
cycloserine cap (CYCLOSERINE equiv)	-	1
ethambutol tab (MYAMBUTOL equiv)	-	1
ISONIAZID SYRUP	-	1
ISONIAZID TAB	-	1
pyrazinamide tab	-	1
rifabutin cap (MYCOBUTIN equiv)	-	1
rifampin cap (RIFADIN equiv)	-	1
PASER GRANULE	-	2
PRIFTIN TAB	-	2
TRECATOR TAB	-	2
ANTINEOPLASTICS		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTINEOPLASTICS Cont.		
ALKYLATING AGENTS		
cyclophosphamide tab (CYTOXAN equiv)	-	1
LEUKERAN TAB	-	4
MYLERAN TAB	AMSP	4
ANTIMETABOLITES		
mercaptopurine tab (PURINETHOL equiv)	-	1
methotrexate tab (TREXALL equiv)	-	1
TREXALL TAB	-	2
TABLOID TAB (QL= 4 tabs/day)	QL	4
ANTINEOPLASTIC ENZYME INHIBITORS		
ZOLINZA CAP	PA	2
NEXAVAR TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
tretinoin cap (VESANOID equiv)	-	1
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
INTRON-A INJ	AMSP	4
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	4
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
MESNEX TAB	AMSP	4
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	-	3
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	-	2
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide cap	-	1
CYCLOPHOSPHAMIDE TAB	-	1
melphalan tab (ALKERAN equiv)	AMSP	3
temozolomide cap (TEMODAR equiv)	AMSP	3
ANTIMETABOLITES		
XATMEP SOLN	-	2
capecitabine tab (XELODA equiv)	AMSP	3
ONUREG TAB	PA	4
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
LENVIMA CAP (Only available through Accredo 800-803-2523)	LD-PA	4
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib tab 100mg (TARCEVA equiv)	AMSP	3
erlotinib tab 150mg (TARCEVA equiv)	AMSP	3
erlotinib tab 25mg (TARCEVA equiv)	AMSP	3

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv)	-	1
bicalutamide tab (CASODEX equiv)	-	1
exemestane tab (AROMASIN equiv) (QL=1 tab/day)	QL	1
flutamide cap (EULEXIN equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
tamoxifen tab (NOLVADEX equiv)	-	1
SOLTAMAX SOLN (Step Therapy requires trial of tamoxifen tab)	ST	2
YONSA TAB	-	2
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL	3
abiraterone tab 250mg (ZYTIGA equiv)	AMSP	3
HYDROXYPROGESTERONE CAPROATE INJ	AMSP-PA	3
leuprolide inj (LUPRON equiv)	AMSP-PA	3
nilutamide tab (NILANDRON equiv) (QL= 2 tabs/day)	AMSP-QL	3
toremifene tab (FARESTON equiv)	AMSP	3
EMCYT CAP	PA	4
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	4
LUPRON DEPOT INJ	AMSP-PA	4
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
ANTINEOPLASTIC COMBINATIONS		
KISQALI PAK (QL= 91 tabs/28 days)	AMSP-PA-QL	4
LONSURF TAB (QL= 80 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
ANTINEOPLASTIC ENZYME INHIBITORS		
everolimus tab (AFINITOR equiv) (QL=1 tab/day)	AMSP-PA-QL	1
VOTRIENT TAB	-	2
everolimus tab for oral susp	AMSP-PA-QL	3
imatinib tab 100mg (GLEEVEC equiv)	AMSP	3
imatinib tab 400mg (GLEEVEC equiv)	AMSP	3
lapatinib ditosylate tab (TYKERB equiv)	AMSP-PA	3
sunitinib malate cap (QL= 1 cap/day, Only available through Ardon 855-425-4085)	AMSP-PA-QL	3
ALECENSA CAP (QL=8 caps/day)	AMSP-PA-QL	4
BOSULIF TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
CALQUENCE TAB (QL=2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
FARYDAK CAP (QL= 6 caps/21 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
GAVRETO CAP	PA	4
IBRANCE CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
IBRANCE TAB (QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
IMBRUVICA CAP 140MG (QL=4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
IMBRUVICA CAP 70MG (QL=1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
IMBRUVICA TAB (QL=1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
KISQALI TAB (QL= 63 tabs/28 days)	AMSP-PA-QL	4
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL	4

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
RYDAPT CAP	AMSP-PA	4
SPRYCEL TAB	AMSP-PA	4
STIVARGA TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
TASIGNA CAP (QL=2 caps/day)	AMSP-PA-QL	4
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL	4
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
ANTINEOPLASTICS MISC.		
SYLATRON INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	4
MITOTIC INHIBITORS		
ETOPOSIDE CAP (QL= 20 caps/30 days)	QL	3
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	1
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
amantadine tab	-	1
bromocriptine cap (PARLODEL equiv)	-	1
bromocriptine tab (PARLODEL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole ER tab (REQUIP XL equiv) (Step Therapy requires trial of ropinirole)	ST	1
ropinirole tab (REQUIP equiv)	-	1
NEUPRO PATCH (QL= 1 patch/day)	QL	2
RYTARY CAP	-	2
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	4
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	1
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv) (QL=2 tabs/day)	QL	1
XADAGO TAB	-	2
ZELAPAR ODT	-	2
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	1
ANTIPARKINSON DOPAMINERGICS		
CARBIDOPA/LEVODOPA ODT	-	1
OSMOLEX ER TAB	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.		
KYNMOBI FILM (Only available through Ardon 855-425-4085)	AMSP-PA	4
KYNMOBI TITRATION KIT (Only available through Ardon 855-425-4085)	AMSP-PA	4
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
PHENOTHIAZINES		
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYDROGEN PEROXIDE SOLN	-	1
TRIPLE DYE SWAB	-	1
CHLORINE ANTISEPTICS		
betasept liquid	OTC	1
IODINE ANTISEPTICS		
IODINE SOLN	-	1
povidone-iodine oint	-	1
IODOFLEX PAD	-	2
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	1
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	1
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	1
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	1
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	1
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	1
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	1
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	1
efavirenz cap (SUSTIVA equiv)	-	1
efavirenz tab (SUSTIVA equiv)	-	1
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	1
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) (QL= 1 tab/day)	QL	1
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day)	QL	1
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 1 tab/day)	QL	1
etravirine tab 100mg (QL=4 tabs/day)	QL	1
etravirine tab 200mg (QL=2 tabs/day)	QL	1
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	1
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	1
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	1
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	1
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day)	QL	1
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days)	QL	1
lopinavir-ritonavir tab 100-25mg (QL=2 tabs/day)	QL	1
lopinavir-ritonavir tab 200-50mg (QL=4 tabs/day)	QL	1
NEVIRAPINE ER TAB (QL= 1 tab/day)	QL	1
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	1
NEVIRAPINE SUSP (VIRAMUNE equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	1
ritonavir tab (NORVIR equiv) (QL= 12 tabs/30 days)	QL	1
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	1
stavudine soln (ZERIT equiv) (QL= 2400ml/30 days)	QL	1
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day)	QL	1
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	1
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	1
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	1
APTIVUS CAP	-	2
APTIVUS SOLN	-	2
BIKTARVY TAB	-	2
BIKTARVY TAB 30-120-15MG (QL=1 tab/day)	QL	2
CIMDUO TAB (QL= 1 tab/day)	QL	2
COMPLERA TAB (QL= 1 tab/day)	QL	2
CRIXIVAN CAP	-	2
DELSTRIGO TAB	-	2
DESCOVY TAB	PA	2
EDURANT TAB	-	2
EMTRIVA SOLN	-	2
EVOTAZ TAB	-	2
GENVOYA TAB	-	2
INTELENCE TAB	-	2
INTELENCE TAB 25MG	-	2
INVIRASE TAB	-	2
ISENTRESS (HD) TAB	-	2
ISENTRESS CHEW TAB	-	2
ISENTRESS POWDER PACK	-	2
JULUCA TAB	-	2
LEXIVA SUSP	-	2
NEVIRAPINE SUSP (QL=1200 ml/30 days)	QL	2
NORVIR POWDER PACK	-	2
NORVIR SOLN	-	2
ODEFSEY TAB	-	2
PIFELTRO TAB	-	2
PREZCOBIX TAB	-	2
PREZISTA SUSP	-	2
PREZISTA TAB 150MG	-	2
PREZISTA TAB 300MG	-	2
PREZISTA TAB 400MG	-	2
PREZISTA TAB 600MG	-	2
PREZISTA TAB 75MG	-	2
PREZISTA TAB 800MG (QL= 1 tab/day)	QL	2
RESCRIPTOR TAB 200MG	-	2
REYATAZ POWDER PACK	-	2
SELZENTRY SOLN	-	2
SELZENTRY TAB 150MG	-	2
SELZENTRY TAB 25MG	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
SELZENTRY TAB 300MG	-	2
SELZENTRY TAB 75MG	-	2
STRIBILD TAB (QL= 1 tab/day)	QL	2
SYMTUZA TAB	-	2
TIVICAY PD TAB (QL= 180 tabs/30 days)	QL	2
TIVICAY TAB (QL=2 tabs/day)	QL	2
TRIUMEQ TAB	-	2
TYBOST TAB	-	2
VIRACEPT TAB	-	2
VIREAD POWDER	-	2
VIRACEPT POWDER	-	3
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB (QL=30 tabs/fill)	QL	1
CMV AGENTS		
valganciclovir soln (VALCYTE equiv)	-	1
valganciclovir tab (VALCYTE equiv)	-	1
HEPATITIS AGENTS		
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP	1
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP	3
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	AMSP-QL	3
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-PA-QL	3
BARACLUDE SOLN	AMSP	4
EPIVIR HBV SOLN	AMSP	4
MAVYRET PAK (QL=5 packets/day)	AMSP-PA-QL	4
MAVYRET TAB (QL= 3 tabs/day)	AMSP-PA-QL	4
PEGASYS INJ (QL=2 inj/28 days)	QL	4
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	4
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	4
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	1
famciclovir tab 250mg (FAMVIR equiv) (QL= 30 tabs/10 days)	QL	1
famciclovir tab 500mg (FAMVIR equiv) (QL= 30 tabs/10 days)	QL	1
valacyclovir tab (VALTREX equiv)	-	1
SITAVIG TAB	-	2
INFLUENZA AGENTS		
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 28 caps/90 days, 1 fill/120 days)	QL	1
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 14 caps/90 days, 1 fill/120 days)	QL	1
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 14 caps/90 days, 1 fill/120 days)	QL	1
oseltamivir susp (TAMIFLU equiv) (QL= 120ml/10 days, 1 fill/120 days)	QL	1
RIMANTADINE TAB	-	1
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	2
XOFLUZA TAB	QL	Non-formulary

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
MISC. ANTIVIRALS		
MOLNUPIRAVIR CAP (QL=40 caps/fill)	QL	1
ASSORTED CLASSES		
IMMUNOMODULATORS		
REVLIMID CAP (Only available through Walgreens 888-347-3416)	LD-PA	4
THALOMID CAP (Only available through Walgreens 888-347-3416)	LD-PA	4
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	1
cyclosporine cap (SANDIMMUNE equiv)	-	1
cyclosporine modified cap (NEORAL equiv)	-	1
cyclosporine modified soln (NEORAL equiv)	-	1
mycophenolate DR tab (MYFORTIC equiv)	-	1
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	1
mycophenolate mofetil tab (CELLCEPT equiv)	-	1
sirolimus tab (RAPAMUNE equiv)	-	1
tacrolimus cap (PROGRAF equiv)	-	1
ENVARSUS XR TAB	-	2
SANDIMMUNE SOLN 100MG/ML	-	2
POTASSIUM REMOVING RESINS		
sodium polystyrene powder (KAYEXALATE equiv)	-	1
sodium polystyrene susp (SPS equiv)	-	1
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
KAPSPARGO CAP	-	2
BETA BLOCKERS NON-SELECTIVE		
nadolol tab (CORGARD equiv)	-	1
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
propranolol oral soln	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
HEMANGEOL SOLN	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
INDERAL XL CAP, INNOPRAN XL CAP	-	2
LEVATOL TAB	-	2
SOTYLIZE SOLN	-	2
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB	PA	2
ORALAIR SL TAB	PA	2
RAGWITEK SL TAB	-	2
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
felodipine ER tab (PLENDIL equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nicardipine cap (CARDENE equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
nimodipine cap (NIMOTOP equiv)	-	1
VERAPAMIL CAP 100MG	-	1
VERAPAMIL ER CAP 200MG	-	1
VERAPAMIL ER CAP 300MG	-	1
verapamil SR cap (VERELAN equiv)	-	1
VERAPAMIL SR CAP 360mg	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
CARDIZEM LA TAB	-	2
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin tab (LANOXIN equiv)	-	1
digoxin soln (LANOXIN equiv)	-	2
LANOXIN INJ	-	2
LANOXIN TAB 0.0625MG, 0.1875MG	-	2
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
BIDIL TAB	-	2
ENTRESTO TAB (QL= 2 tabs/day)	QL	2
IMPOTENCE AGENTS		
tadalafil tab (CIALIS equiv)	QL	1
PERIPHERAL VASODILATORS		
isoxsuprine tab	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
ISOXSUPRINE TAB (QL=4 tabs/day)	QL	2
PROSTAGLANDIN VASODILATORS		
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD	3
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (Only available through Ardon 855-425-4085)	AMSP-PA	3
bosentan tab (TRACLEER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	3
OPSUMIT TAB (Only available through CVS Specialty 800-237-2767)	LD-PA	4
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	QL	1
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	1
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	1
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (Only available through Accredo 800-803-2523)	LD-PA	4
UPTRAVI THERAPY PACK	LD-PA	4
SINUS NODE INHIBITORS		
CORLANOR SOLN	QL	2
CORLANOR TAB	QL	2
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
CEFADROXIL TAB	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
CEPHALEXIN TAB	-	1
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR CAP	-	1
cefaclor cap (CECLOR equiv)	-	1
CEFACLOR ER TAB	-	1
CEFACLOR SUSP	-	1
cefaclor susp (CEFACLOR equiv)	-	1
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime susp (CEFTIN equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
CEFDITOREN TAB	-	1
cefixime cap (SUPRAX equiv)	-	1
cefixime susp (SUPRAX equiv)	-	1
cefpodoxime proxetil susp (VANTIN equiv)	-	1
cefpodoxime proxetil tab (VANTIN equiv)	-	1
SUPRAX CAP	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
SUPRAX CHEW TAB	-	2
SUPRAX SUSP	-	2
SUPRAX TAB	-	2
CHEMICALS		
BULK CHEMICALS - I'S		
IODINE SOLN	-	1
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	1
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	1
camrese lo tab, lojaimiess tab (QL= 91 tabs/91 days)	QL	1
cryselle tab	-	1
enpresse tab (TRI-LEVELEN equiv)	-	1
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	1
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	1
junel FE tab (LOESTRIN FE equiv)	-	1
junel tab (LOESTRIN equiv)	-	1
kelnor tab (DEMULEN equiv)	-	1
layolis FE tab (FEMCON FE equiv)	-	1
mibelas chew tab (MINASTRIN equiv)	-	1
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	1
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	1
nortrel tab (OVCON 35 equiv)	-	1
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	1
tri-legest tab (ESTROSTEP FE equiv)	-	1
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	1
TYBLUME TAB	-	1
velivet tab (CYCLESSA equiv)	-	1
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	1
viorele tab, kariva tab (MIRCETTE equiv)	-	1
BALCOLTRA TAB	-	2
NATAZIA TAB	-	2
OGESTREL TAB	-	2
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	-	1
zafemy patch (XULANE equiv)	-	1
COMBINATION CONTRACEPTIVES - VAGINAL		
eluryng vaginal ring (NUVARING equiv) (QL=1 ring/21 days)	QL	1
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	-	2
EMERGENCY CONTRACEPTIVES		
levonorgestrel tab (PLAN B equiv)	OTC	1
ELLA TAB	-	2
PROGESTIN CONTRACEPTIVES - IMPLANTS		
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
PROGESTIN CONTRACEPTIVES - INJECTABLE		
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	1
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	2
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD	-	2
MIRENA IUD	-	2
SKYLA IUD	-	2
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	1
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide ER tab (UCERIS equiv)	-	1
budesonide SR cap (ENTOCORT EC equiv)	-	1
dexamethasone elixir	-	1
dexamethasone pak (DEXPAK equiv)	-	1
DEXAMETHASONE SOLN	-	1
DEXAMETHASONE TAB	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
ORAPRED ODT TAB, PREDNISOLONE ODT TAB	-	1
prednisolone ODT (ORAPRED equiv)	-	1
PREDNISOLONE SOLN	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
PREDNISOLONE SYRUP	-	1
prednisolone syrup (PRELONE equiv)	-	1
prednisone pack	-	1
PREDNISONE SOLN	-	1
prednisone tab (DELTASONE equiv)	-	1
CORTISONE ACETATE TAB	-	2
DEXAMETHASONE CONC	-	2
DXEVO 11-DAY PAK	-	2
HEMADY TAB (QL= 8 tabs/30 days)	QL	2
MEDROL TAB	-	2
MILLIPRED DP PAK	-	2
MILLIPRED TAB	-	2
PREDNISONE CONC	-	2
RAYOS TAB	-	2
ALKINDI SPRINKLE CAP	PA	4
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	-	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
COUGH/COLD/ALLERGY COMBINATIONS		
guaifenesin dac syrup	-	1
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv)	-	1
neo-tuss liquid	OTC	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
tussin dm syrup	OTC	1
VIRTUSSIN DAC SYRUP	-	1
CLARINEX-D 12 HOUR	-	2
LORTUSS EX LIQUID	-	2
MAXI-TUSS CD LIQUID	-	2
SEMPREX-D CAP 8-60MG	-	2
TUXARIN ER TAB (QL= 20 tabs/day)	QL	2
EXPECTORANTS		
guaifenesin tab (ALLFEN JR equiv)	-	1
SSKI SOLN	-	1
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	1
benzoyl peroxide liquid	-	1
BPO GEL 8%	-	1
clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	1
ERY PAD	-	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
ROSULA PAD	-	1
sodium sulfacetamide lotion (KLARON equiv)	-	1
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	1
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	1
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	1
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	1
SODIUM SULFACETAMIDE/SULFUR LOTION	-	1
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	1
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	1
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	1
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	1
SSS 10-5 FOAM	-	1
tretinoin gel (RETIN-A GEL equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
adapalene-benzoyl peroxide gel 0.3-2.5%	QL	2
ALTRENO LOTION	-	2
AZELEX CREAM	-	2
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	2
CLINDACIN KIT	-	2
EPIDUO FORTE	-	2
INOVA KIT	-	2
NEUAC KIT	-	2
ONEXTON GEL	-	2
PLEXION PAD	-	2
RETIN-A MICRO GEL 0.08%, 0.06%	-	2
TRETIN-X CREAM	-	2
TRETIN-X KIT	-	2
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT (QL=30 gm/30 days)	QL	2
ANALGESICS - TOPICAL		
NEURAPTINE CREAM KIT	-	2
ANTIBIOTICS - TOPICAL		
bacitracin oint	-	1
bacitracin zinc oint	OTC	1
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin cream (BACTROBAN CREAM equiv)	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
triple antibiotic oint	-	1
ALTABAX OINT	-	2
CENTANY AT KIT	-	2
CORTISPORIN CREAM	-	2
CORTISPORIN OINT	-	2
NEO-SYNALAR CREAM	-	2
NEO-SYNALAR KIT	-	2
XEPI CREAM	-	2
ANTIFUNGALS - TOPICAL		
butenafine cream	OTC	1
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole cream (LOTRIMIN AF CREAM equiv)	OTC	1
clotrimazole soln	OTC	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	1
econazole cream (SPECTAZOLE equiv)	-	1
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	1
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ketoconazole shampoo	-	1
MICATIN CREAM 2%	OTC	1
miconazole cream	-	1
naftifine gel (NAFTIN equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
nystatin/triamcinolone cream	-	1
nystatin/triamcinolone oint	-	1
tolnaftate cream	-	1
ALCORTIN A GEL	-	2
ALOQUIN GEL	-	2
ECOZA FOAM	-	2
ERTACZO CREAM	-	2
EXODERM LOTION	-	2
LOPROX KIT	-	2
NAFTIN GEL	-	2
OXISTAT LOTION	-	2
XOLEGEL	-	2
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv) (QL=400grams/30 days)	QL	1
diclofenac soln 1.5% (PENNSAID equiv)	-	1
DERMACINRX LEXITRAL PAK	-	2
diclofenac/capsaicin kit	-	2
PENNSAID SOLN	-	2
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac gel (SOLARAZE equiv)	-	1
fluorouracil cream (EFUDEX CREAM equiv)	-	1
FLUOROURACIL SOLN	-	1
FLUOROPLEX CREAM	-	2
PANRETIN GEL	-	2
PICATO GEL	-	2
TARGRETIN GEL	AMSP-PA	4
ANTIPSORIATICS		
calcipotriene cream (DOVONEX CREAM equiv)	-	1
calcipotriene oint	-	1
calcipotriene soln (DOVONEX SOLN equiv)	-	1
methoxsalen cap (OXSORALEN ULTRA equiv)	-	1
ZITHRANOL SHAMPOO	-	2
COSENTYX INJ (1-PACK) (QL=1 inj/28 days)	AMSP-PA-QL	4
COSENTYX INJ (2-PACK) (QL=2 inj/28 days)	AMSP-PA-QL	4
SKYRIZI INJ (QL= 2 inj/84 days)	AMSP-PA-QL	4
SKYRIZI INJ (QL=1 inj/84 days)	AMSP-PA-QL	4
ANTISEBORRHEIC PRODUCTS		
selenium sulfide shampoo 2.3%	-	1
sodium sulfacetamide gel (OVACE PLUS equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
sodium sulfacetamide shampoo (OVACE equiv)	-	1
sodium sulfacetamide wash (OVACE WASH equiv)	-	1
ESKATA SOLN	-	2
OVACE PLUS SHAMPOO	-	2
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX OINT equiv)	-	1
DENAVIR CREAM	-	2
BURN PRODUCTS		
mafenide acetate soln packet (SULFAMYLON equiv)	-	1
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
SULFAMYLON PACK	-	2
CAUTERIZING AGENTS		
ARZOL SILVER NITRATE APPLICATOR	-	1
silver nitrate applicator	-	1
SILVER NITRATE SOLN	-	1
TRI-CHLOR SOLN	-	2
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	1
alclometasone oint (ACLOVATE OINT equiv)	-	1
AMCINONIDE CREAM 0.1%	-	1
AMCINONIDE LOTION	-	1
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
BETAMETHASONE AUGMENTED GEL	-	1
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone diproprionate lotion	-	1
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
clobetasol E foam (OLUX E equiv)	-	1
clobetasol foam (OLUX equiv)	-	1
clobetasol lotion (CLOBEX equiv)	-	1
clobetasol propionate cream (TEMOVATE equiv)	-	1
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	1
clobetasol propionate gel (TEMOVATE GEL equiv)	-	1
clobetasol propionate oint (TEMOVATE equiv)	-	1
clobetasol propionate soln (TEMOVATE equiv)	-	1
clobetasol shampoo (CLOBEX equiv)	-	1
clobetasol spray (CLOBEX equiv)	-	1
desonate gel	-	1
desonide cream	-	1
desonide lotion	-	1
desonide oint	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
desoximetasone cream (TOPICORT CREAM equiv)	-	1
desoximetasone gel (TOPICORT equiv)	-	1
desoximetasone oint (TOPICORT equiv)	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oil (QL=119ml/30 days)	QL	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide cream 0.05% (LIDEX equiv)	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids)	ST	1
halobetasol propionate cream (ULTRAVATE equiv)	-	1
halobetasol propionate oint (ULTRAVATE equiv)	-	1
halonate pac kit (ULTRAVATE KIT equiv)	-	1
HC BUTYRATE SOLN	-	1
hydrocortisone butyrate cream (LOCOID equiv)	-	1
hydrocortisone butyrate lipocream (LOCOID equiv)	-	1
hydrocortisone butyrate oint (LOCOID equiv)	-	1
hydrocortisone butyrate soln (LOCOID equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	OTC	1
hydrocortisone lotion 2.5%	-	1
hydrocortisone oint	-	1
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	1
hydrocortisone valerate cream	-	1
hydrocortisone valerate oint (WESTCORT equiv)	-	1
hydrocortisone/aloe vera cream	OTC	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
MONISTAT SOOTHING CARE CREAM 1%	OTC	1
PREDNICARBATE CREAM	-	1
prednicarbate cream (DERMATOP equiv)	-	1
PREDNICARBATE OIN	-	1
triamcinolone acetonide oint (TRIANEX equiv) (Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%)	ST	1
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	1
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	1
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
TRIANEX OINT	-	1
APEXICON E CREAM (PSORCON E equiv)	-	2
BRYHALI LOTION	-	2
CAPEX SHAMPOO	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CLODAN KIT	-	2
CORDRAN TAPE	-	2
CORTANE-B LOTION	-	2
DESONATE GEL	-	2
DUOBRII LOTION (QL=1 tube/30 days; Step Therapy requires trial of a high potency topical steroid)	QL-ST	2
ENSTILAR FOAM	-	2
EPIFOAM AEROSOL	-	2
FLUOVIX PAK	-	2
HALOG OINT	-	2
IMPOYZ CREAM	-	2
PANDEL CREAM	-	2
PRAMOSONE CREAM 1-1%	-	2
PRAMOSONE LOTION	-	2
PRAMOSONE OINT	-	2
SCALACORT DK KIT	-	2
SERNIVO SPRAY	-	2
SILAZONE-II KIT	-	2
SYNALAR CREAM	-	2
TEXACORT SOLN	-	2
ULTRAVATE LOTION	-	2
VERDESO FOAM	-	2
WYNZORA CREAM (QL=420 gm/28 days)	QL-ST	2
AMCINONIDE OINT	-	3
ECZEMA AGENTS		
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	4
DUPIXENT INJ (QL=2 inj/28 days)	AMSP-PA-QL	4
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	4
EMOLLIENT/KERATOLYTIC AGENTS		
umecta mouss aer (HYDRO 40 equiv)	-	1
urea cream 41%	-	1
UREA CREAM 45%	-	1
urea cream 47%	-	1
urea cream 50%	-	1
UREA FOAM	-	1
urea lotion 40%	-	1
UREA NAIL KIT	-	1
UREA SUSP	-	1
HYDRO 35 FOAM	-	2
URAMAXIN FOAM	-	2
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	1
ENZYMES - TOPICAL		
SANTYL OINT	-	2
IMMUNOMODULATING AGENTS - TOPICAL		
ZYCLARA CREAM 2.5%	-	2
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	1
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	1
podofilox soln (CONDYLOX equiv)	-	1
salicylic acid gel 6%	-	1
SALICYLIC ACID LOTION 6%	-	1
BENSAL HP OINT	-	2
KERALYT SCALP KIT	-	2
SALIMEZ FORTE CREAM 10%	-	2
SALVAX DUO PLUS KIT	-	2
ULTRASAL-ER SOLN 28.5%	-	2
LOCAL ANESTHETICS - TOPICAL		
capsaicin cream 0.025%	OTC	1
ETHYL CHLORIDE SPRAY	-	1
L.E.T. GEL	-	1
lidocaine cream	OTC	1
LIDOCAINE GEL	-	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
lidocaine/prilocaine cream kit	-	1
LIDO-EP-TETR SOLN	-	1
XRYLIDERM KIT	-	1
ANASTIA LOTION	-	2
CETACAINE ANESTHETIC LIQUID	-	2
CETACAINE SPRAY	-	2
lidopac kit	-	2
LIDOPIN CREAM	-	2
LIDOTREX GEL	-	2
LIDOVEX CREAM	-	2
PAIN EASE MIST SPRAY	-	2
QUTENZA KIT	-	2
SYNERA PATCH	-	2
ZTLIDO PATCH	-	2
MISC. DERMATOLOGICAL PRODUCTS		
EPICERAM EMULSION	-	2
NEOSALUS FOAM	-	2
MISC. TOPICAL		
zinc oxide oint 20%	OTC	1
HYCLODEX SOLN	-	2
PROSILK GEL	-	2
QBREXZA PAD (QL= 1 pad/day)	PA-QL	2
PIGMENTING-DEPIGMENTING AGENTS		
TRI-LUMA CREAM	-	2
ROSACEA AGENTS		
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days)	QL	1
metronidazole gel (METROGEL equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
metronidazole lotion (METROLOTION equiv)	-	1
FINACEA FOAM	-	2
MIRVASO GEL	-	2
NORITATE CREAM	-	2
RHOFADE CREAM	-	2
ZILXI FOAM	-	2
SCABICIDES & PEDICULICIDES		
LINDANE LOTION	-	1
lindane shampoo	-	1
malathion lotion (OVIDE equiv)	-	1
permethrin cream (ELIMITE CREAM equiv)	-	1
permethrin liquid	-	1
SPINOSAD SUSP	-	1
CROTAN LOTION	-	2
EURAX CREAM	-	2
EURAX LOTION	-	2
ULESFIA LOTION	-	2
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	2
WOUND CARE PRODUCTS		
BIAFINE EMULSION	-	1
MASTISOL LIQUID	-	1
APLIGRAF DISK	-	2
BIONECT CREAM	-	2
DERMAGRAFT SHEET	-	2
GRAFIX CORE SHEET	-	2
LUXAMEND CREAM	-	2
REGENECARE GEL	-	2
REGRANEX GEL	-	2
TRUSKIN SHEET	-	2
VENELEX OINT	-	2
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	1
DIAGNOSTIC TESTS		
COVID-19 HOME COLLECTION TEST KIT (QL= 8 kits/30 days)	OTC-QL	1
COVID-19 TEST (QL=8 tests/30 days)	OTC-QL	1
COVID-19 TEST SPECIMEN COLLECTION KIT (Q= 8 kits/30 days)	OTC-QL	1
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	1
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	1
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	1
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	1
hemoglobin test	-	1
PRECISION XTRA KETONE TEST STRIP (QL=300 strips/30 days)	OTC-QL	1
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	1
pregnancy test	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
PREGNANCY TEST KIT	-	1
TEST STRIP (all other test strips) (QL= 300 test strips/30 days)	OTC-QL	1
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
folbic tab	-	1
VITA-RESPA TAB	-	1
MACUZIN CAP	-	2
NUTRITIONAL SUPPLEMENTS		
SALMON OIL-1000 CAP	-	1
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	2
PANCREAZE CAP	-	2
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	2
VIOKACE TAB	-	2
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1
acetazolamide tab	-	1
KEVEYIS TAB (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4
DIURETIC COMBINATIONS		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
ALDACTAZIDE TAB 50-50MG	-	2
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone)	ST	1
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
CHLOROTHIAZIDE TAB	-	1
chlorothiazide tab (DIURIL equiv)	-	1
chlorthalidone tab	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
metolazone tab (ZAROXOLYN equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
DIURETICS Cont.		
DIURIL SUSP	-	2
METHYCLOTHIAZIDE TAB	-	2
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium oral soln (FOSAMAX equiv)	-	1
alendronate tab (FOSAMAX equiv)	-	1
calcitonin nasal spray (MIACALCIN equiv)	-	1
ETIDRONATE DISODIUM TAB 400MG	-	1
ibandronate tab 150mg (BONIVA equiv) (QL=1 tab/28 days)	QL	1
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)	QL	1
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)	QL	1
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)	QL	1
ALENDRONATE TAB 40MG	-	2
BINOSTO TAB (QL= 4 tabs/28 days)	QL	2
FOSAMAX+D TAB (QL= 4 tabs/28 days)	QL	2
NATPARA INJ (QL=2 inj/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
TERIPARATIDE INJ (QL= 2.48ml/28 days)	AMSP-PA-QL	4
TYMLOS INJ (QL= 1.56ml/28 days)	AMSP-PA-QL	4
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
GROWTH HORMONES		
GENOTROPIN INJ	AMSP-PA	4
HUMATROPE INJ, ZOMACTON INJ	AMSP-PA	4
NORDITROPIN INJ, NUTROPIN AQ INJ	AMSP-PA	4
OMNITROPE INJ	AMSP-PA	4
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	AMSP-PA	4
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	1
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT-PED INJ	AMSP-PA	4
SYNAREL NASAL SOLN	PA	4
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (CALCITRIOL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
paricalcitol cap (ZEMPLAR equiv)	-	1
RAYALDEE CAP (QL= 1 cap/day)	QL	2
carglumic acid tab (Only available through AnovoRx 844-288-5007)	LD-PA	3
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	3
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	3
CYSTADANE POWDER	PA	4
STRENSIQ INJ 18MG/.45ML (QL= 24 vials/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
STRENSIQ INJ 28MG/0.7ML (QL= 24 vials/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4
STRENSIQ INJ 40 MG/ML (QL= 24 vials/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4
STRENSIQ INJ 80MG/0.8ML (QL= 24 vials/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4
POSTERIOR PITUITARY HORMONES		
NOCDURNA SL TAB	-	2
NOCTIVA EMULSION SPRAY	-	2
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB	-	2
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv) (QL=16 tabs/30 days)	QL	1
SOMATOSTATIC AGENTS		
OCTREOTIDE INJ	AMSP-PA	3
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	3
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	3
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1
estradiol/norethindrone tab (ACTIVELLA equiv)	-	1
jinteli tab (FEMHRT equiv)	-	1
ANGELIQ TAB	-	2
BIJUVA CAP	-	2
CLIMARA PRO PATCH	-	2
COMBIPATCH	-	2
DUAVEE TAB	-	2
PREFEST TAB	-	2
PREMPHASE TAB, PREMPRO TAB	-	2
ESTROGENS		
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	1
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	1
estradiol tab (ESTRACE equiv)	-	1
DIVIGEL GEL, ELESTRIN GEL	-	2
ESTROGEL PUMP 1.25GM (QL= 1 bottle/30 days)	QL	2
EVAMIST SPRAY	-	2
MENEST TAB	-	2
MENOSTAR PATCH	-	2
PREMARIN TAB	-	2
ESTROPIPATE TAB	-	3
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPROFLOXACIN 100MG TAB	-	1
ciprofloxacin susp (CIPRO equiv)	-	1
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
FLUOROQUINOLONES Cont.		
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
moxifloxacin tab (AVELOX equiv)	-	1
OFLOXACIN TAB	-	1
ofloxacin tab (FLOXIN equiv)	-	1
BAXDELA TAB (QL= 28 tabs/14 day)	QL	2
FACTIVE TAB (QL= 7 tabs/30 days)	QL	2
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB (QL= 1 tab/day)	QL	2
ANTIFLATULENTS		
simethicone chew tab	OTC	1
simethicone drops	-	1
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	1
mesalamine DR tab 1.2 GM (LIALDA equiv) (QL 120 tabs/30 days)	QL	1
mesalamine enema (ROWASA equiv)	-	1
mesalamine ER cap (APRISO equiv) (QL= 4 caps/day)	QL	1
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	1
mesalamine tab (ASACOL equiv) (QL=180 tabs/30 days)	QL	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
DIPENTUM CAP	-	2
PENTASA CAP	-	2
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTRONEX equiv)	-	1
LINZESS CAP (QL= 1 cap/day)	QL	2
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
SYMPROIC TAB (QL= 1 tab/day)	QL	2
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
calcium acetate tab (ELIPHOS equiv)	-	1
lanthanum carbonate chew tab 1000mg	-	1
sevelamer hydrochloride tab (RENAGEL equiv)	-	1
sevelamer tab (RENVELA TAB equiv)	-	1
FOSRENOL POWDER PACK	-	2
PHOSLYRA SOLN	-	2
VELPHORO CHEW TAB	-	2
GENERAL ANESTHETICS		
VOLATILE ANESTHETICS		
isoflurane liquid	-	1
sevoflurane liquid	-	1
SUPRANE INHALATION SOLUTION	-	2
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA-3 SYRUP	-	1
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
ORACIT SOLN	-	2
CYTRA K CRYSTALS	-	3
GENITOURINARY IRRIGANTS		
SORBITOL-MANNITOL SOLN	-	1
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP (QL= 3 caps/day)	QL	2
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
dutasteride cap (AVODART equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
CARDURA XL TAB	-	2
URINARY ANALGESICS		
phenazopyridine tab 100mg	-	1
phenazopyridine tab 200mg	-	1
URINARY STONE AGENTS		
LITHOSTAT TAB	-	2
tiopronin tab (Only available through Eversana 636-519-2400; QL=8 tabs/day)	LD-PA-QL	3
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
COLCHICINE CAP	-	1
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	1
febuxostat tab (ULORIC equiv) (QL=1 tab/day)	QL	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
GOUT AGENTS Cont.		
GLOPERBA SOLN (QL= 300ml/30 days)	QL	2
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ	PA	4
HEMLIBRA INJ	AMSP-PA	4
KOGENATE FS INJ	AMSP-PA	4
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
ASPIRIN/OMEPRAZOLE ER TAB	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	1
BRILINTA TAB 60MG	-	2
DURLAZA CAP	-	2
YOSPRALA ER TAB	-	2
TICLOPIDINE TAB	-	3
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD	3
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
SIKLOS TAB	-	2
COBALAMINS		
B-12 DOTS TAB	-	1
vitamin b-12 er tab	OTC	1
vitamin b-12 tab 1000mcg	OTC	1
vitamin b-12 tab 500mcg	OTC	1
NASCOBAL NASAL SPRAY	-	2
FOLIC ACID/FOLATES		
folic acid tab 1mg	-	1
folic acid tab 800mcg (Covered for females only)	OTC	1
HEMATOPOIETIC GROWTH FACTORS		
PROMACTA TAB 50MG	-	2
ARANESP INJ	AMSP-PA	4
EPOGEN INJ	AMSP-PA	4
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	4
GRANIX INJ (QL=14 syringes/28 days)	AMSP-PA-QL	4
GRANIX INJ (QL=14 vials/28 days)	AMSP-PA-QL	4
MIRCERA INJ (Only available through Walgreens 888-347-3416)	LD	4

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
MULPLETA TAB (QL= 7 tabs/fill, 3 fills/365 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	4
NIVESTYM INJ (QL=14 vials/28 days)	AMSP-PA-QL	4
PROCRIT INJ	AMSP-PA	4
PROMACTA TAB	AMSP-PA	4
RETACRIT INJ	AMSP	4
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	4
ZARXIO INJ (QL=14 syringes/28 days)	AMSP-QL	4
ZIEXTENZO INJ (QL=2 inj/28 days)	AMSP-PA-QL	4
HEMATOPOIETIC MIXTURES		
abaneu sl tab	-	1
BIFERARX TAB	-	1
corvita 150 tab	-	1
ferocon cap	-	1
FERRAPLUS 90 TAB	-	1
FERREX 150 FORTE CAP	-	1
FERREX 28 TAB	-	1
ferrocite plus tab	-	1
folbee tab	OTC	1
FOLIVANE-PLUS CAP	-	1
HEMATOGEN FA CAP	-	1
hemocyte-f tab	-	1
ICAR-C PLUS TAB	-	1
iferex 150 forte cap	-	1
INTEGRA F CAP	-	1
iron 100 plus tab	-	1
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	1
MTX SUPPORT TAB	-	1
MULTIGEN FOLIC TAB	-	1
MULTIGEN PLUS TAB	-	1
NEURIN-SL TAB	-	1
se-tan plus cap	-	1
TARON FORTE CAP	-	1
trigels-f forte cap	-	1
VIT 3 CAP	-	1
ACTIVE FE TAB	-	2
ANIMI-3 CAP	-	2
CENTRATEX CAP	-	2
DERMACINRX PUREFOLIX TAB	-	2
FERIVA 21-7 TAB	-	2
FUSION PLUS CAP	-	2
HEMATRON-AF TAB	-	2
IROSPAN 24/6 PACK	-	2
MAXFE TAB	-	2
PROFERRIN TAB	OTC	2
IRON		
FEOSOL TAB	OTC	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	1
FERROUS SULFATE LIQUID	OTC	1
ferrous sulfate soln	OTC	1
iron tab	--OTC	1
poly-iron cap	-	1
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid soln (AMICAR equiv)	-	1
tranexamic acid tab (LYSTEDA equiv) (QL= 6 tabs/day | 30 tabs/28 days)	QL	1
HEMOSTATICS - TOPICAL		
MONSEL'S SOLN	-	1
THROMBI-GEL PAD	-	1
THROMBI-PAD	-	1
ARTISS INJ	-	2
ASTRINGYN SOLN	-	2
AVITENE POWDER	-	2
AVITENE SHEET	-	2
ENDO-AVITENE SHEET	-	2
GELFOAM SPONGE	-	2
RECOTHROM INJ	-	2
HYPNOTICS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine tab	OTC	1
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap	-	1
diphenhydramine ODT	-	1
diphenhydramine/acetaminophen tab	OTC	1
UNISOM SLEEPGELS 50MG	OTC	1
BARBITURATE HYPNOTICS		
PHENOBARBITAL TAB	-	1
SECONAL CAP	-	2
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
FLURAZEPAM CAP	-	1
midazolam hcl syrup	-	1
MIDAZOLAM INJ	-	1
midazolam inj (MIDAZOLAM equiv)	-	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
zaleplon cap (SONATA equiv) (QL= 2 caps/day)	QL	1
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day; Step Therapy requires trial of zolpidem tab)	QL-ST	1
zolpidem tab 10 MG (AMBIEN equiv) (QL=1 tab/day)	QL	1
zolpidem tab 5 MG (AMBIEN equiv) (QL=2 tabs/day)	QL	1
EDLUAR SL TAB 10MG (QL= 1 tab/day)	QL	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
EDLUAR SL TAB 5MG (QL=2 tabs/day)	QL	2
ZOLPIMIST SPRAY (QL= 1 bottle/30 days)	QL	2
LAXATIVES		
BULK LAXATIVES		
fiber cap	OTC	1
fiber therapy powder	OTC	1
fiber therapy tab	-	1
LAXATIVE COMBINATIONS		
GAVILYTE-C SOLN	-	1
peg 3350/electrolytes soln (COLYTE equiv) (QL= 2 fills/calendar year)	QL	1
senna-s tab	-	1
SENOKOT S TAB	OTC	1
trilyte soln (NULYTELY equiv) (QL= 2 fills/calendar year)	QL	1
CLENPIQ SOLN	-	2
GOLYTELY PACKET	-	2
PLENVU SOLN	-	2
PREPOPIK PAK	-	2
LAXATIVES - MISCELLANEOUS		
glycerin supp	OTC	1
lactulose soln	-	1
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1
polyethylene glycol packet (MIRALAX equiv)	OTC	1
GIALAX KIT	-	2
KRISTALOSE PACKET	-	2
SALINE LAXATIVES		
magnesium citrate soln	-	1
milk of magnesia susp	OTC	1
saline enema	OTC	1
OSMOPREP TAB	-	2
STIMULANT LAXATIVES		
bisacodyl supp	-	1
bisacodyl tab	OTC	1
SENNA LAXATIVE	-	1
senna tab	OTC	1
SURFACTANT LAXATIVES		
docusate cap	--OTC	1
docusate liquid	-	1
docusate syrup	-	1
MACROLIDES		
AZITHROMYCIN		
azithromycin powder pack	-	1
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
CLARITHROMYCIN		
CLARITHROMYC SUSP	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
MACROLIDES Cont.		
clarithromycin ER tab (BIAXIN XL equiv)	-	1
clarithromycin susp (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
ERYTHROMYCINS		
ERYTHROCIN TAB	-	1
erythromycin DR cap (ERYC equiv)	-	1
ERYTHROMYCIN EC CAP	-	1
erythromycin ethylsuccinate susp (ERYPED equiv)	-	1
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	1
erythromycin stearate tab	-	1
erythromycin tab (ERY-TAB equiv)	-	1
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	1
FIDAXOMICIN		
DIFICID SUSP (QL= 126 mL/10 days)	QL	2
DIFICID TAB (QL=20 tabs/10 days)	QL	2
MEDICAL DEVICES		
BANDAGES-DRESSINGS-TAPE		
PROVENT	-	1
PARENTERAL THERAPY SUPPLIES		
CEQUR SIMPLICITY, INPEN INSULIN INJECTION DEVICE	-	1
MEDICAL DEVICES AND SUPPLIES		
BLOOD PRESSURE DEVICES		
BLOOD PRESSURE MONITOR	-	1
CONCEPTION ASSISTANCE SUPPLIES		
CONCEPTION KIT	-	1
CONTRACEPTIVES		
DIAPHRAGM	-	1
DIABETIC SUPPLIES		
CALIBRATION LIQUID	OTC	1
LANCET DEVICE	OTC	1
LANCET KIT	OTC	1
LANCET MISC	OTC	1
OMNIPOD DASH PODS	-	1
PUMP SUPPLIES	OTC	1
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	2
DEXCOM G6 SENSOR (QL= 3 sensors/30 days)	PA-QL	2
DEXCOM G6 TRANSMITTER (QL= 4 transmitters/365 days)	PA-QL	2
FREESTYLE LIBRE 2 (QL= 2 sensors/28 days)	PA-QL	2
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	2
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	2
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	2
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	2
NON-PREFERRED CGM RECEIVER (QL=1 receiver/year)	QL	2
ENTERAL NUTRITION SUPPLIES		
RELIZORB CARTRIDGE	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
GI-GU OSTOMY & IRRIGATION SUPPLIES		
EXU-DRY BANDAGE	-	2
IMPOTENCE AIDS		
RAPPORT VACUUM THERAPY KIT	-	1
PARENTERAL THERAPY SUPPLIES		
ACCU-CHEK TENDER	-	1
B-D INSULIN SYRINGE	--OTC	1
B-D PEN NEEDLE	OTC	1
HYPODERMIC NEEDLES	OTC	1
INSUFLON	-	1
INSULIN SYRINGE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
PEN NEEDLE	OTC	1
PUMP SUPPLIES	OTC	1
SAFETYGLIDE SYRINGE	-	1
SHARPS CONTAINER	-	1
B-D INSULIN SYRINGE	OTC	3
BD NEEDLES	OTC	3
B-D PEN NEEDLE	OTC	3
NOVOFINE PEN NEEDLE	OTC	3
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	3
RESPIRATORY THERAPY SUPPLIES		
TRACHEOSTOMY CARE KIT	-	1
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
MIGERGOT SUPP	-	2
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	3
MIGRAINE PRODUCTS		
ERGOMAR SL TAB	-	2
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER PACKET	-	2
SEROTONIN AGONISTS		
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	1
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	1
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	1
zolmitriptan ODT (ZOMIG equiv) (QL= 6 tabs/30 days)	QL	1
zolmitriptan tab (ZOMIG equiv) (QL= 6 tabs/30 days)	QL	1
MINERALS & ELECTROLYTES		
CALCIUM		
calcium carbonate tab	OTC	1
CALCIUM CITRATE TAB 200MG	OTC	1
calcium citrate/vitamin d3 tab	OTC	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
calcium citrate/vitamin d3 tab 315mg/200unit	OTC	1
calcium/vitamin d3 tab	OTC	1
calcium/vitamin d3 tab 600mg/200unit	OTC	1
calcium/vitamin d3 tab 600mg/400unit	OTC	1
calcium/vitamin d3 tab 600mg/800unit	OTC	1
CITRACAL MAXIMUM TAB	OTC	1
ELECTROLYTE MIXTURES		
oral electrolyte soln	OTC	1
FLUORIDE		
sodium fluoride chew tab (LURIDE equiv)	-	1
sodium fluoride soln (LURIDE equiv)	-	1
SODIUM FLUORIDE TAB	-	1
FLORIVA DROPS	-	2
FLURA-DROPS	-	2
IODINE PRODUCTS		
STRONG IODINE SOLN	-	1
MAGNESIUM		
MAG 64 TAB	OTC	1
magnesium chloride dr tab	OTC	1
magnesium oxide tab	OTC	1
magnesium oxide tab 400mg	OTC	1
magnesium tab 400mg	OTC	1
PHOSPHATE		
phospha neutral tab	-	1
K-PHOS TAB	-	2
POTASSIUM		
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (K-TAB equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	1
potassium chloride soln	-	1
EFFER-K TAB	-	2
POT/CHLORIDE EFFER TAB	-	2
SODIUM		
sodium chloride tab	OTC	1
ZINC		
zinc cap	OTC	1
GALZIN CAP	-	2
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	1
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS		
SODIUM CITRATE IN SODIUM CHLORIDE SOLN	-	1
IMMUNOSUPPRESSIVE AGENTS		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
everolimus tab (ZORTRESS equiv) (QL=2 tabs/day)	QL	1
ASTAGRAF XL CAP	-	2
PROGRAF PACKET	-	2
POTASSIUM REMOVING AGENTS		
SPS SUSP	-	1
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE ORAL SOLN 4%	-	1
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
ORAVIG TAB	-	2
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
DEBACTEROL SOLN	-	2
DENTAL PRODUCTS		
sodium fluoride cream (PREVIDENT equiv)	-	1
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1
PREVIDENT GEL (Excluded for members age 19 years and older)	-	2
PREVIDENT PASTE (Excluded for members age 19 years and older)	-	2
sodium fluoride paste (PREVIDENT equiv)	-	2
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	1
pilocarpine tab (SALAGEN equiv)	-	1
AQUORAL SPRAY	-	2
GELCLAIR GEL	-	2
NUMOISYN LOZENGE	-	2
ORAMAGICRX MOUTHWASH	-	2
MULTIVITAMINS		
B-COMPLEX VITAMINS		
vitamin b complex cap	-	1
B-COMPLEX W/ FOLIC ACID		
dailyvite tab	-	1
DIALYVITE 800 WITH IRON TAB	-	1
DIALYVITE TAB	-	1
FOLBEE PLUS CZ TAB	-	1
folbee plus tab	-	1
mynephron cap	-	1
NEPHPLEX RX TAB	-	1
VITAL-D RX TAB	-	1
vitamin b complex cap	-	1
DIALYVITE 5000 TAB	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
SUPERVITE LIQUID	-	2
BIOFLAVONOID PRODUCTS		
VITAMIN C CHEW TAB	-	1
MULTIPLE VITAMINS W/ IRON		
multi vitamin with iron tab	-	1
MULTIPLE VITAMINS W/ MINERALS		
MVW COMPLETE MULTIVITAMIN CAP	-	1
vision formula tab	OTC	1
CORVITE TAB	-	2
FORTAVIT CAP	-	2
NICADAN TAB	-	2
NICAZEL TAB	-	2
REQ49 PLUS TAB	-	2
MULTIVITAMINS		
daily multi vitamin tab	-	1
ONE-A-DAY MENS TAB	OTC	1
THERA TAB	-	1
PED MULTI VITAMINS W/FL & FE		
multivitamin/flouride/iron drops	OTC	1
POLY-VI-FLOR WITH IRON DROPS	-	2
PED MV W/ FLUORIDE		
FLORIVA PLUS DROPS	-	1
multivitamin with flouride chew tab	-	1
pediatric multiple vitamins/fluoride soln	-	1
QUFLORA PEDIATRIC CHEW TAB	-	1
tri-vitamin with fluoride drops	-	1
POLY-VI-FLOR CHEW TAB	-	2
POLY-VI-FLOR DROPS	-	2
TRI-VI-FLOR DROPS	-	2
PEDIATRIC MULTIPLE VITAMINS		
POLY-VI-SOL DROPS	-	1
poly-vita drops	-	2
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	2
PEDIATRIC VITAMINS		
pedia tri-vite drops	OTC	1
PRENATAL VITAMINS		
O-CAL PRENATAL TAB	-	1
PNV-SELECT TAB	-	1
PRENATABS RX TAB	-	1
PRENATAL 19 CHEW TAB	-	1
PRENATAL 19 TAB	OTC	1
PRENATAL VITAMINS (NON-PREFERRED)	-	1
VINATE II TAB	-	1
VINATE ONE	-	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
VITAFOL-OB+DHA PACK	-	1
VIVA DHA CAP	-	1
CITRANATAL RX TAB	-	2
COMPLETE NATAL DHA PACK	-	2
DUET DHA 400 PACK	-	2
NEXA PLUS CAP	-	2
OB COMPLETE TAB	-	2
OBSTETRIX EC TAB	-	2
PREFERAOB ONE CAP	-	2
PRENATA CHEW TAB	-	2
PRENATAL VITAMINS (NON-PREFERRED)	-	2
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	OTC	2
PRENATE DHA CAP	-	2
PRENATE ENHANCE CAP	-	2
PRENATE RESTORE CAP	-	2
VITAMEDMD ONE RX CAP	-	2
SPECIALTY VITAMINS PRODUCTS		
multivitamin tab	OTC	1
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab (BACLOFEN equiv)	-	1
BACLOFEN TAB 5MG	-	1
carisoprodol tab (SOMA equiv) (Step Therapy requires trial of 2: cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	ST	1
chlorzoxazone tab 250mg (QL=4 tabs/day)	QL	1
chlorzoxazone tab 500mg	-	1
cyclobenzaprine tab (FLEXERIL equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
OZOBAX SOLN (QL=80ml/day)	QL	2
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL/ASPIRIN TAB	-	1
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	1
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	1
TIZANIDINE COMFORT KIT	-	2
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
OCEAN NASAL SPRAY 0.65%	OTC	1
saline nasal spray	-	1
TICANASE PAK	-	2
NASAL ANESTHETICS		
GOPRELTO SOLN	-	1
NASAL STEROIDS		
fluticasone nasal spray (FLONASE equiv) (QL= 16gm/30 days)	QL	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	1
BECONASE AQ NASAL SPRAY (QL= 1 bottle/15 days; 2 fills/month)	QL	2
QNASL CHILDRENS NASAL SPRAY	-	2
ZETONNA NASAL SPRAY (QL= 1 bottle/30 days)	QL	2
SYMPATHOMIMETIC DECONGESTANTS		
cvs nasal decongestant cap (QL=240 caps/30 days)	QL	1
epinephrine hcl nasal soln (ADRENALIN equiv)	-	1
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	1
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	1
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	1
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	1
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv) (QL=2 tabs/day)	AMSP-QL	3
EXSERVAN FILM (Only available through PantherRx Pharmacy 855-726-8479; QL=60 films/30 days)	LD-PA-QL	4
NUTRIENTS		
LIPOTROPICS		
LIPOCHOL PLUS TAB	-	2
MISC. NUTRITIONAL SUBSTANCES		
CARDIOVID PLUS CAP	-	1
fish oil cap	OTC	1
fish oil dr cap	OTC	1
prenatal dha cap	OTC	1
TRUEPLUS GLUCOSE CHEW TAB	-	1
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tear drops	OTC	1
artificial tears	-	1
artificial tears soln	-	1
LACRISERT INSERT	-	2
lubricant eye oint	OTC	2
REFRESH CLASSIC DROPS	OTC	2
REFRESH OPHTH GEL 1%	OTC	2
BETA-BLOCKERS - OPHTHALMIC		
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
CARTEOLOL OPHTH SOLN	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	1
dorzolamide/timolol ophth soln (COSOPT equiv)	-	1
LEVOBUNOLOL OPHTH SOLN	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
METIPRANOLOL OPHTH SOLN	-	1
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	1
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	-	1
CONTACT LENS SOLUTIONS		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
RENU REWETTING DROPS	-	1
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	1
ATROPINE OPHTH SOLN	-	1
atropine ophth soln (ISOPTO ATROPINE equiv) (QL=1 bottle/30 days)	--QL	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1
phenylephrine ophth soln (MYDFRIN equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPHTH SOLN	-	2
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
PHOSPHOLINE OPHTH SOLN	-	2
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	1
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	1
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN OPHTH OINT	-	1
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
BLEPH-10 OPHTH SOLN	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
gatifloxacin ophth soln (ZYMAXID equiv)	-	1
GENTAK OPHTH OINT	-	1
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) (QL=3 ml/7 days; Step therapy requires trial of ciprofloxacin ophth soln, levofloxacin ophth soln, or ofloxacin ophth soln)	QL-ST	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
SULFACETAMIDE SODIUM OPHTH OINT	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1
TRIFLURIDINE OPHTH SOLN	-	1
trifluridine ophth soln (VIROPTIC equiv)	-	1
AZASITE SOLN	-	2
BETADINE OPHTH SOLN	-	2
CILOXAN OPHTH OINT	-	2
MITOSOL KIT	-	2
NATACYN OPHTH SUSP (QL=45 ml/30 days)	QL	2
TOBREX OPHTH OINT	-	2
ZIRGAN OPHTH GEL	-	2
OPHTHALMIC LOCAL ANESTHETICS		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
ALCAINE OPHTH SOLN	-	1
proparacaine ophth soln (ALCAINE equiv)	-	1
AKTEN OPHTH GEL	-	2
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
dexamethasone ophth soln	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5 grams/28 days)	QL	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	1
PREDNISOLONE OPHTH SUSP	-	1
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	1
PREDNISOLONE-GATIFLOXACIN-BROMFENAC SUSP	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
BLEPHAMIDE OPHTH SOLN	-	2
BLEPHAMIDE S.O.P. OPHTH OINT	-	2
FLAREX OPHTH SUSP	-	2
FML FORTE OPHTH SUSP	-	2
FML S.O.P. OPHTH OINT	-	2
LOTEMAX OPHTH OINT	-	2
MAXIDEX OPHTH SOLN	-	2
PRED MILD OPHTH SOLN	-	2
PRED-G OPHTH SOLN	-	2
PRED-G S.O.P OPHTH OINTMENT	-	2
TOBRADEX OPHTH OINT	-	2
ZYLET OPHTH SUSP	-	2
difluprednate ophth emulsion	QL	Non-formulary
DUREZOL OPHTH EMULSION	QL	Non-formulary
OPHTHALMIC SURGICAL AIDS		
GELFILM	-	2
OPHTHALMICS - MISC.		
altafluor benox ophth soln	-	1
azelastine ophth soln (OPTIVAR equiv)	-	1
BEPREVE OPHTH SOLN	-	1
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1
dorzolamide ophth soln (TRUSOPT equiv)	-	1
epinastine ophth soln (ELESTAT equiv)	-	1
fluorescein/proparacaine ophth soln	-	1
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	1
ketorolac ophth soln .4% (ACULAR (LS) equiv)	-	1
MURO-128 OINT 5%	OTC	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
sodium chloride drops	OTC	1
sodium chloride oint	-	1
ACUVAIL OPHTH SOLN	-	2
ALOCRIL OPHTH SOLN	-	2
ALOMIDE OPHTH SOLN	-	2
NEVANAC OPHTH SUSP, ILEVRO OPHTH SUSP	-	2
PAREMYD DROPS	-	2
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln (Step Therapy requires trial of latanoprost ophth soln)	ST	1
latanoprost ophth soln (XALATAN equiv)	-	1
travoprost ophth soln (TRAVATAN Z equiv) (Step Therapy requires trial of latanoprost ophth soln)	ST	1
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
DEBROX OTIC SOLN	OTC	1
ear wax removal drops	-	1
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN OTIC SOLN	-	1
ofloxacin otic soln (FLOXIN equiv)	-	1
OTIC COMBINATIONS		
CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN (QL= 1 bottle/7 days)	QL	1
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	1
ANTIPYRINE/BENZOCAINE OTIC SOLN 1.4-5.5%	-	2
CIPRO HC OTIC SUSP	-	2
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL INSERTS	-	2
PREPIDIL GEL	-	2
PROSTIN E2 SUPP	-	2
OXYTOCICS		
methylergonovine tab (METHERGINE equiv)	-	1
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	-	2
HYPERRHO S-D INJ	-	2
HYPERTET S-D INJ	-	2
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	2
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG INJ (QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont.		
GAMASTAN INJ	-	2
GAMUNEX-C INJ	-	2
HIZENTRA INJ	-	2
HYPERHEP B INJ	-	2
KEDRAB INJ	-	2
NABI-HB INJ	-	2
WINRHO SDF INJ	-	2
XEMBIFY INJ (Only available through CVS Specialty 800-237-2767)	LD	2
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	-	4
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
amoxicillin chew tab (AMOXIL equiv)	-	1
AMOXICILLIN CHEW TAB 250MG	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
AMPICILLIN CAP	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp	-	1
MOXATAG TAB	-	2
NATURAL PENICILLINS		
PENICILLIN VK SOLN	-	1
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN COMBINATIONS		
AMOXICILLIN/CLAVULANATE CHEW TAB	-	1
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
AMOXICILLIN/CLAVULANATE ER TAB	-	1
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
megestrol ES susp (MEGACE ES equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	1
hydroxyprogesterone inj	PA	3
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram tab (ANTABUSE equiv)	-	1
LUCEMYRA TAB (QL= 224 tabs/14 days)	QL	2
ANTIDEMENTIA AGENTS		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
donepezil ODT (ARICEPT equiv)	-	1
donepezil tab 10mg (ARICEPT equiv)	-	1
donepezil tab 23mg (ARICEPT equiv)	-	1
donepezil tab 5mg (ARICEPT equiv)	-	1
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	1
GALANTAMINE SOLN	-	1
galantamine tab (RAZADYNE equiv) (QL= 2 tabs/day)	QL	1
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day)	QL	1
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	1
rivastigmine cap (EXELON equiv)	-	1
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days)	QL	2
NAMZARIC CAP	-	2
NAMZARIC STARTER PACK	-	2
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	-	1
INGREZZA PACK 40-80MG (Only available through PantherRx Pharmacy 855-726-8479)	LD	2
AUSTEDO TAB (QL= 4 tabs/day)	AMSP-PA-QL	4
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4
INGREZZA CAP 40MG (QL= 2 cap/days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4
MULTIPLE SCLEROSIS AGENTS		
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 2 caps/day)	AMSP-QL	3
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 2 caps/day)	AMSP-QL	3
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes (30ml)/30 days)	AMSP-QL	3
glatiramer inj 40mg/ml (QL= 12 syringes (12ml)/28 days)	AMSP-QL	3
AVONEX INJ	AMSP	4
AVONEX INJ (QL=1 inj/28 days)	AMSP-QL	4
GILENYA CAP (QL= 1 cap/day)	AMSP-QL	4
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE CAP (PMDD)	-	2
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day)	QL	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES TAB	-	1
ergoloid mesylates tab (HYDERGINE equiv)	-	1
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	PA	2
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv)	SMKG	1
nicotine gum (NICORETTE equiv)	OTC-SMKG	1
nicotine lozenge (COMMIT equiv)	OTC-SMKG	1
nicotine patch (NICODERM equiv)	OTC-SMKG	1
CHANTIX PAK	SMKG	2
CHANTIX PAK (Limited to180 days/plan year)	SMKG-QL	2
CHANTIX TAB	SMKG	2
NICOTROL INHALER	SMKG	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
NICOTROL NASAL SPRAY	SMKG	2
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA	4
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	4
ORKAMBI TAB (Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA	4
PULMOZYME INH SOLN	AMSP-PA	4
SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	4
RESPIRATORY AGENTS - MISC.		
CUROSURF INJ	-	2
INFASURF INJ	-	2
SURVANTA INJ	-	2
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab (QL=8 tabs/day)	QL	1
TETRACYCLINES		
TETRACYCLINE COMBINATIONS		
AVIDOXY DK KIT	-	2
BENZODOX PAK	-	2
TETRACYCLINES		
demeclocycline tab (DECLOMYCIN equiv)	-	1
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day)	QL	1
doxycycline hyclate tab 20mg	-	1
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	1
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	1
doxycycline susp (VIBRAMYCIN equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
minocycline er tab 65mg	-	1
minocycline tab (DYNACIN equiv)	-	1
tetracycline cap	-	1
DORYX MPC TAB 120MG	-	2
VIBRAMYCIN SYRUP	-	2
XIMINO CAP	-	2
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
THYROID HORMONES		
levothyroxine tab (SYNTHROID equiv)	-	1
liothyronine tab (CYTOMEL equiv)	-	1
THYROLAR TAB	-	2
TIROSINT CAP 125MCG	-	2
TIROSINT CAP 137MCG	-	2
TOXOIDS		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	2
DIPHTHERIA-TETANUS TOXOIDS-PED INJ	-	2
KINRIX INJ	-	2
PEDIARIX INJ	-	2
PENTACEL INJ	-	2
TETANUS/DIPHTHERIA TOXOID INJ	VAC	2
VAXELIS INJ	VAC	2
ULCER DRUGS		
ANTISPASMODICS		
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	1
BELLADONNA ALKALOID/OPIUM SUPP	-	1
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	1
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine soln (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
glycopyrrolate tab (ROBINUL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
methscopolamine tab (PAMINE equiv)	-	1
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	1
DONNATAL ELIXIR	-	2
DONNATAL TAB	-	2
PROPANTHELINE TAB	-	2
SYMAX DUOTAB	-	2
H-2 ANTAGONISTS		
CIMETIDINE SOLN	-	1
cimetidine soln (CIMETIDINE equiv)	-	1
cimetidine tab (TAGAMET equiv)	OTC	1
famotidine susp (PEPCID equiv) (Step Therapy requires trial of cimetidine or nizatidine)	ST	1
famotidine tab (PEPCID equiv)	-	1
nizatidine cap (AXID equiv)	-	1
NIZATIDINE SOLN	-	1
ranitidine cap (ZANTAC equiv)	-	1
ranitidine syrup (ZANTAC equiv)	-	1
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	1
PROTON PUMP INHIBITORS		
ESOMEPRAZOLE STRONTIUM CAP	-	1
omeprazole DR cap (PRILOSEC equiv) (QL=1 cap/day)	QL	1
OMEPRAZOLE DR TAB (QL= 2 tabs/day)	QL	1
omeprazole magnesium delayed release tab (PRILOSEC OTC equiv) (QL= 1 tab/day)	OTC-QL	1
pantoprazole EC tab (PROTONIX equiv) (QL=2 tabs/day)	QL	1

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
ACIPHEX SPRINKLE CAP	-	2
ESOMEPRAZOLE-EZS KIT	-	2
NEXIUM GRANULE PACK 2.5MG (QL= 1 pack/day)	QL	2
NEXIUM GRANULE PACK 5MG (QL= 1 pack/day)	QL	2
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
ULCER THERAPY COMBINATIONS		
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	1
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
glycopyrrolate oral soln (QL=9 ml/day)	QL	1
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	1
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	1
PROTON PUMP INHIBITORS		
esomeprazole DR granule pack (NEXIUM equiv) (QL=1 pack/day)	QL	1
omeprazole dr cap	-	1
omeprazole tab (QL=2 tabs/day)	OTC-QL	1
pantoprazole packet (QL=1 packet/day)	QL	1
RABEPRAZOLE SPRINKLE CAP (QL= 1 cap/day)	QL	1
ACIPHEX SPRINKLE CAP (QL= 1 cap/day)	QL	2
DEXILANT CAP (QL=1 cap/day)	QL	2
ULCER THERAPY COMBINATIONS		
OMECLAMOX-PAK	-	2
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
UROQID #2 TAB	-	2
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
trospium chloride SR cap (SANCTURA XR equiv) (QL=1 tab/day)	QL	1
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin ER tab 10 MG (DITROPAN XL equiv) (QL=2 tabs/day)	QL	1
oxybutynin ER tab 5 MG (DITROPAN XL equiv) (QL=1 tab/day)	QL	1
oxybutynin syrup (QL=20ml/day)	QL	1
oxybutynin tab (DITROPAN equiv) (QL=4 tabs/day)	QL	1
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	1
tolterodine tab (DETROL equiv) (QL=2 tabs/day)	QL	1
trospium tab (SANCTURA equiv) (QL=2 tabs/day)	QL	1
GELNIQUE	-	2
GELNIQUE (QL= 30 packets/30 days)	--QL	2
OXYTROL PATCH (OTC) (QL= 1 patch/3 days)	OTC-QL	2
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
bethanechol tab (URECHOLINE equiv)	-	1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	1
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ	-	2
BCG VACCINE INJ	-	2
BEXSERO INJ	VAC	2
BIOTHRAX INJ	-	2
MENACTRA INJ	VAC	2
MENHIBRIX INJ	VAC	2
MENOMUNE INJ	VAC	2
MENQUADFI INJ	VAC	2
MENVEO INJ	VAC	2
PEDVAXHIB INJ	-	2
PNEUMOVAX INJ	VAC	2
PREVNAR 13 INJ	VAC	2
TRUMENBA INJ	VAC	2
VAXCHORA SUSP	VAC	2
VIRAL VACCINES		
ENGERIX-B INJ	VAC	1
HEPLISAV-B INJ	VAC	1
TWINRIX INJ	VAC	1
AFLURIA INJ	VAC	2
AFLURIA INJ, FLUZONE INJ	VAC	2
CERVARIX INJ	VAC	2
COVID-19 VACCINE INJ	-	2
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	2
EZ FLU SHOT KIT	VAC	2
EZ FLU SHOT PF KIT	VAC	2
EZ FLU SHOT QUAD KIT	VAC	2
FLUAD INJ	VAC	2
FLUAD QUAD INJ	VAC	2
FLUBLOK INJ	VAC	2
FLUBLOK QUAD PF INJ	VAC	2
FLUCELVAX INJ	VAC	2
FLUCELVAX QUAD INJ	VAC	2
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	2
FLUMIST QUADRIVALENT NASAL SUSP	VAC	2
FLUVIRIN INJ	VAC	2
FLUVIRIN PF INJ	VAC	2
FLUZONE HD PF INJ	VAC	2
FLUZONE HIGH DOSE PF INJ	VAC	2
FLUZONE INTRADERMAL INJ	VAC	2
FLUZONE QUAD INJ	VAC	2
FLUZONE/FLUARIX QUAD INJ	VAC	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
VACCINES Cont.		
GARDASIL 9 INJ	VAC	2
GARDASIL INJ	VAC	2
HAVRIX INJ, VAQTA INJ	VAC	2
HEPLISAV-B INJ	VAC	2
IMOVAX RABIES VACCINE INJ	-	2
IPOL VACCINE INJ	-	2
M-M-R II INJ	VAC	2
PROQUAD INJ	-	2
RABAVERT INJ	-	2
ROTARIX INJ	-	2
ROTATEQ INJ	-	2
SHINGRIX INJ (Covered for members age 18 or older; QL= 2 inj/lifetime)	QL-VAC	2
TWINRIX INJ	VAC	2
VARIVAX INJ	VAC	2
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	2
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
miconazole nitrate kit	OTC	1
terconazole cream 0.8% (TERAZOL equiv) (QL=20 gm/fill)	QL	1
MONISTAT 3 COMBO PACK	OTC	2
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
PRO-CEPTION FERTILITY PAK	-	1
FEM PH GEL	-	2
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
clotrimazole vaginal cream	OTC	1
metronidazole vaginal gel (METROGEL equiv)	-	1
MICONAZOLE 3 SUPP 200MG	-	1
miconazole nitrate cream	OTC	1
miconazole nitrate vaginal supp	-	1
terconazole cream 0.4% (TERAZOL equiv) (QL=45 gm/fill)	QL	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv) (QL=3 supps/fill)	QL	1
CLEOCIN VAGINAL SUPP	-	2
CLINDESSE VAGINAL CREAM	-	2
GYNAZOLE CREAM	-	2
NUVESSA VAGINAL GEL	-	2
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	1
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	1
FEMRING (3 copays per Rx)	-	2
VAGINAL PROGESTINS		
CRINONE GEL	-	2
VASOPRESSORS		

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

DrugName	Special Code	Tier
VASOPRESSORS Cont.		
ANAPHYLAXIS THERAPY AGENTS		
EPINEPHRINE INJ 0.15MG (QL=2 inj/30 days)	QL	1
EPINEPHRINE INJ 0.3MG (QL= 2 inj/30 days)	QL	1
epinephrine pen inj 0.15mg (1-Pack) (QL=2 inj/30 days)	QL	1
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/30 days)	QL	1
epinephrine pen inj 0.3mg (1-Pack) (QL=2 inj/30 days)	QL	1
AUVI-Q INJ 0.15MG	QL	2
VITAMINS		
OIL SOLUBLE VITAMINS		
phytonadione tab (MEPHYTON equiv)	OTC	1
vitamin D cap (RX strength only)	-	1
vitamin e cap	OTC	1
vitamin e cap 400unit	OTC	1
WATER SOLUBLE VITAMINS		
niacin er tab	-	1
pyridoxine tab	OTC	1
vitamin c chew tab 500mg	OTC	1
POTABA TAB	-	2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

EOCCO Formulary
Prior Authorization Drug List
Last Updated* 2/1/2022

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
abiraterone acetate tab 500mg	3
ACTIMMUNE INJ	4
ADVATE INJ	4
AFREZZA INH POWDER	2
ALECENSA CAP	4
ALKINDI SPRINKLE CAP	4
ambrisentan tab	3
APOKYN INJ	4
ARANESP INJ	4
AUSTEDO TAB	4
bosentan tab	3
BOSULIF TAB	4
CALQUENCE TAB	4
carglumic acid tab	3
CHOLBAM CAP	4
COSENTYX INJ (1-PACK)	4
COSENTYX INJ (2-PACK)	4
CRESEMBA CAP	2
CUTAQUIG INJ	2
CYSTADANE POWDER	4
deferasirox granules packet	4
DESCOVY TAB	2
DEXCOM G6 RECEIVER	2
DEXCOM G6 SENSOR	2
DEXCOM G6 TRANSMITTER	2
dronabinol cap	1
DUPIXENT INJ	4
DUPIXENT PEN INJ	4
EMCYT CAP	4
ENBREL INJ	4
ENBREL INJ 25MG	4
ENBREL INJ 50MG	4
ENBREL MINI INJ	4
ENBREL SURECLICK INJ 50MG	4
EPOGEN INJ	4
ERLEADA TAB	4
everolimus tab	1
everolimus tab for oral susp	3
EXSERVAN FILM	4
FARYDAK CAP	4
FREESTYLE LIBRE 2	2
FREESTYLE LIBRE 2 RECEIVER	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
FREESTYLE LIBRE RECEIVER	2
FREESTYLE LIBRE SENSOR (10-DAY)	2
FREESTYLE LIBRE SENSOR (14-DAY)	2
FULPHILA INJ	4
GAVRETO CAP	4
GENOTROPIN INJ	4
GRANIX INJ	4
GRASTEK SL TAB	2
HEMLIBRA INJ	4
HORIZANT TAB	2
HUMATROPE INJ, ZOMACTON INJ	4
HUMIRA INJ 10MG	4
HUMIRA INJ 20MG	4
HUMIRA INJ 40MG	4
HUMIRA INJ 80MG	4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	4
HUMIRA INJ PEDIATRIC UC STARTER PACK	4
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	4
HUMIRA PEN 40MG	4
HUMIRA PEN 80MG	4
HUMIRA PEN INJ 40MG	4
HYDROXYPROGESTERONE CAPROATE INJ	3
hydroxyprogesterone inj	3
HYQVIA INJ	2
IBRANCE CAP	4
IBRANCE TAB	4
IMBRUVICA CAP 140MG	4
IMBRUVICA CAP 70MG	4
IMBRUVICA TAB	4
IMPAVIDO CAP	4
INCRELEX INJ	4
INGREZZA CAP	4
INGREZZA CAP 40MG	4
IRESSA TAB	4
JYNARQUE PAK	4
JYNARQUE TAB 15MG	4
KALYDECO PAK	4
KEVEYIS TAB	4
KISQALI PAK	4
KISQALI TAB	4
KOGENATE FS INJ	4

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
KYNMOBI FILM	4
KYNMOBI TITRATION KIT	4
lapatinib ditosylate tab	3
LENVIMA CAP	4
leuprolide inj	3
LONSURF TAB	4
LUPRON DEPOT INJ	4
LUPRON DEPOT-PED INJ	4
MAVYRET PAK	4
MAVYRET TAB	4
METHITEST TAB	2
metyrosine cap	3
MULPLETA TAB	4
NATPARA INJ	4
NEXAVAR TAB	4
NIVESTYM INJ	4
NORDITROPIN INJ, NUTROPIN AQ INJ	4
NUCALA INJ	4
OCALIVA TAB	4
octreotide inj	3
OMNITROPE INJ	4
ONUREG TAB	4
OPSUMIT TAB	4
ORALAIR SL TAB	2
ORKAMBI GRANULES PACKET	4
ORKAMBI TAB	4
POMALYST CAP	4
PRALUENT INJ	4
PROCRIT INJ	4
PROMACTA TAB	4
PULMOZYME INH SOLN	4
QBREXZA PAD	2
REPATHA INJ	4
REPATHA PUSHTRONEX INJ	4
REVLIMID CAP	4
RUBRACA TAB	4
RUZURGI TAB	2
RYDAPT CAP	4
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	4
sapropterin dihydrochloride powder packet	3
sapropterin dihydrochloride soluble tab	3
simvastatin tab 80mg	1

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
SKYRIZI INJ	4
SOFOSBUVIR/VELPATASVIR TAB	3
SOMAVERT INJ	4
SPRYCEL TAB	4
STIVARGA TAB	4
STRENSIQ INJ 18MG/.45ML	4
STRENSIQ INJ 28MG/0.7ML	4
STRENSIQ INJ 40 MG/ML	4
STRENSIQ INJ 80MG/0.8ML	4
sunitinib malate cap	3
SYLATRON INJ	4
SYMDEKO TAB	4
SYNAREL NASAL SOLN	4
SYNRIBO INJ	4
TARGRETIN GEL	4
TASIGNA CAP	4
TERIPARATIDE INJ	4
testosterone cypionate inj	1
THALOMID CAP	4
tiopronin tab	3
TOBI PODHALER	4
tobramycin neb soln	3
tolvaptan tab	3
TYMLOS INJ	4
UPTRAVI TAB	4
UPTRAVI THERAPY PACK	4
VENCLEXTA STARTER PACK	4
VENCLEXTA TAB	4
VERZENIO TAB	4
VOSEVI TAB	4
XIFAXAN TAB 200MG	2
XIFAXAN TAB 550MG	2
ZEJULA CAP	4
ZIEXTENZO INJ	4
ZOLINZA CAP	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

• The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

acetaminophen chew tab 80mg	acetaminophen soln	acetaminophen susp	acetaminophen tab
antacid chew tab	antacid susp	artificial tear drops	aspirin chew tab 81mg
aspirin ec tab 325mg	aspirin ec tab 81mg	aspirin tab 325mg	ASPIRIN TAB 81MG
bacitracin zinc oint	B-D INSULIN SYRINGE	BD NEEDLES	B-D PEN NEEDLE
betasept liquid	bisacodyl tab	BUFFERIN TAB 325MG	butenafine cream
calcium carbonate tab	CALCIUM CITRATE TAB 200MG	calcium citrate/vitamin d3 tab	calcium citrate/vitamin d3 tab 315mg/200unit
calcium/vitamin d3 tab	calcium/vitamin d3 tab 600mg/200unit	calcium/vitamin d3 tab 600mg/400unit	calcium/vitamin d3 tab 600mg/800unit
CALIBRATION LIQUID	capsaicin cream 0.025%	cetirizine chew tab	cetirizine tab
cimetidine tab	CITRACAL MAXIMUM TAB	clotrimazole cream	clotrimazole soln
clotrimazole vaginal cream	COVID-19 HOME COLLECTION TEST KIT	COVID-19 TEST	COVID-19 TEST SPECIMEN COLLECTION KIT
DEBROX OTIC SOLN	diphenhydramine liquid	diphenhydramine tab	diphenhydramine/acetaminophen tab
docusate cap	ECOTRIN EC TAB 325MG	FEOSOL TAB	ferrous sulfate elixir
FERROUS SULFATE LIQUID	ferrous sulfate soln	fexofenadine tab 180mg	fiber cap
fiber therapy powder	fish oil cap	fish oil dr cap	folbee tab
folic acid tab 800mcg	FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE TEST STRIP	FREESTYLE PRECISION NEO TEST STRIP
FREESTYLE TEST STRIP	GLUCOSE CHEW TAB	glycerin supp	HUMULIN MIX INJ
HUMULIN MIX PEN INJ	HUMULIN N INJ	HUMULIN N PEN INJ	HUMULIN R INJ
hydrocortisone cream	hydrocortisone/aloe vera cream	HYPODERMIC NEEDLES	ibuprofen cap
INSTA-GLUCOSE GEL	INSULIN SYRINGE	iron tab	LANCET DEVICE
LANCET KIT	LANCET MISC	levonorgestrel tab	lidocaine cream
loratadine ODT	loratadine syrup	loratadine tab	lubricant eye oint
MAG 64 TAB	magnesium chloride dr tab	magnesium oxide tab	magnesium oxide tab 400mg
magnesium tab 400mg	MELATONIN TAB	melatonin tab 3mg	MICATIN CREAM 2%
miconazole nitrate cream	miconazole nitrate kit	milk of magnesia susp	MONISTAT 3 COMBO PACK
MONISTAT SOOTHING CARE CREAM 1%	multivitamin tab	multivitamin/flouride/iron drops	MURO-128 OINT 5%
neo-tuss liquid	nicotine gum	nicotine lozenge	nicotine patch
NOVOFINE PEN NEEDLE	NOVOLIN 70/30 FLEXPEN INJ	NOVOLIN N RELION INJ	NOVOLIN RELION INJ 70/30
NOVOLIN VIAL	NOVOTWIST PEN NEEDLE	NOVOTWIST/NOVOFINE PEN NEEDLE	OCEAN NASAL SPRAY 0.65%
omeprazole magnesium delayed release tab	omeprazole tab	ONE-A-DAY MENS TAB	oral electrolyte soln
OXYTROL PATCH (OTC)	pedia tri-vite drops	PEN NEEDLE	phytonadione tab
pink bismuth susp			

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

polyethylene glycol 3350 powder	polyethylene glycol packet	PRECISION XTRA KETONE TEST STRIP	PRECISION XTRA TEST STRIP
PRENATAL 19 TAB	prenatal dha cap	PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	PROFERRIN TAB
PUMP SUPPLIES	pyridoxine tab	REFRESH CLASSIC DROPS	REFRESH OPHTH GEL 1%
saline enema	senna tab	SENOKOT S TAB	simethicone chew tab
sodium chloride drops	sodium chloride tab	TEST STRIP (all other test strips)	triamcinolone OTC nasal spray
tussin dm syrup	UNISOM SLEEPGELS 50MG	vision formula tab	vitamin b-12 er tab
vitamin b-12 tab 1000mcg	vitamin b-12 tab 500mcg	vitamin c chew tab 500mg	vitamin e cap
vitamin e cap 400unit	zinc cap	zinc oxide oint 20%	

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use.
- The following drugs are required to be filled through a Specialty Pharmacy provider.

Mandatory Specialty Pharmacy (MSP) Medications

abiraterone acetate tab 500mg	abiraterone tab 250mg	ACTIMMUNE INJ	adefovir dipivoxil tab
ALECENSA CAP	ambrisentan tab	APOKYN INJ	ARANESP INJ
AUSTEDO TAB	AVONEX INJ	BARACLUDE SOLN	bosentan tab
BOSULIF TAB	CALQUENCE TAB	capecitabine tab	carglumic acid tab
CHOLBAM CAP	COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)	CUTAQUIG INJ
deferasirox granules packet	deferasirox tab	dimethyl fumarate DR cap	dimethyl fumarate DR starter pack
DUPIXENT INJ	DUPIXENT PEN INJ	ENBREL INJ	ENBREL INJ 25MG
ENBREL INJ 50MG	ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG	entecavir tab
EPIVIR HBV SOLN	EPOGEN INJ	ERLEADA TAB	erlotinib tab 100mg
erlotinib tab 150mg	erlotinib tab 25mg	everolimus tab	everolimus tab for oral susp
EXSERVAN FILM	FARYDAK CAP	FULPHILA INJ	GENOTROPIN INJ
GILENYA CAP	glatiramer inj 20mg/ml	glatiramer inj 40mg/ml	GRANIX INJ
HEMLIBRA INJ	HUMATROPE INJ, ZOMACTON INJ	HUMIRA INJ 10MG	HUMIRA INJ 20MG
HUMIRA INJ 40MG	HUMIRA INJ 80MG	HUMIRA INJ CROHNS/UC/HIDRADENITI STARTER PACK	HUMIRA INJ PEDIATRIC CROHNS STARTER PACK
HUMIRA INJ PEDIATRIC UC STARTER PACK	HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	HUMIRA PEN 40MG	HUMIRA PEN 80MG
HUMIRA PEN INJ 40MG	HYDROXYPROGESTERON E CAPROATE INJ	HYQVIA INJ	IBRANCE CAP
IBRANCE TAB	imatinib tab 100mg	imatinib tab 400mg	IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG	IMBRUVICA TAB	IMPAVIDO CAP	INCRELEX INJ
INGREZZA CAP	INGREZZA CAP 40MG	INGREZZA PACK 40-80MG	INTRON-A INJ
IRESSA TAB	JYNARQUE PAK	JYNARQUE TAB 15MG	KALYDECO PAK
KEVEYIS TAB	KISQALI PAK	KISQALI TAB	KOGENATE FS INJ
KYNMOBI FILM	KYNMOBI TITRATION KIT	lamivudine tab 100mg	lapatinib ditosylate tab
LENVIMA CAP	leuprolide inj	LONSURF TAB	LUPRON DEPOT INJ
LUPRON DEPOT-PED INJ	MATULANE CAP	MAVYRET PAK	MAVYRET TAB
melphalan tab	MESNEX TAB	miglustat cap	MIRCERA INJ
MULPLETA TAB	MYLERAN TAB	NATPARA INJ	NEXAVAR TAB
nilutamide tab	NIVESTYM INJ	NORDITROPIN INJ, NUTROPIN AQ INJ	NUCALA INJ
OCALIVA TAB	OCTREOTIDE INJ	OMNITROPE INJ	OPSUMIT TAB

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

ORKAMBI GRANULES PACKET
ORKAMBI TAB
POMALYST CAP
PRALUENT INJ
PROCRIT INJ
PROMACTA TAB
PULMOZYME INH SOLN
REPATHA INJ
REPATHA PUSHTRONEX INJ
RETACRIT INJ
REVLIMID CAP
riluzole tab
RUBRACA TAB
RUZURGI TAB
RYDAPT CAP
SAIZEN INJ, SEROSTIM INJ
ZORBTIVE INJ
sapropterin dihydrochloride powder packet
sapropterin dihydrochloride soluble tab
SKYRIZI INJ
SOFOSBUVIR/VELPATASVIR TAB
SOMAVERT INJ
SPRYCEL TAB
STIVARGA TAB
STRENSIQ INJ 18MG/.45ML
STRENSIQ INJ 28MG/0.7ML
STRENSIQ INJ 40 MG/ML
STRENSIQ INJ 80MG/0.8ML
sunitinib malate cap
SYLATRON INJ
SYMDEKO TAB
SYNRIBO INJ
TARGRETIN GEL
TASIGNA CAP
temozolomide cap
TERIPARATIDE INJ
THALOMID CAP
tiopronin tab
TOBI PODHALER
tobramycin neb soln
tolvaptan tab
toremifene tab
treprostinil inj 2.5mg/ml
TYMLOS INJ
UPTRAVI TAB
UPTRAVI THERAPY PACK
VEMLIDY TAB
VENCLEXTA STARTER PACK
VENCLEXTA TAB
VERZENIO TAB
VIVITROL INJ
VOSEVI TAB
XEMBIFY INJ
ZARXIO INJ
ZEJULA CAP
ZIEXTENZO INJ

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
AKYNZEO CAP	Step Therapy requires trial of aprepitant, granisetron, or ondansetron
ALOGLIPTIN TAB	QL= 1 tab/day; Step Therapy requires trial of ALOGLIPTIN/METFORMIN, ALOGLIPTIN, metformin
ALOGLIPTIN/METFORMIN TAB	QL= 2 tabs/day; Step Therapy requires trial of ALOGLIPTIN/METFORMIN, ALOGLIPTIN/PIOGLITAZONE, ALOGLIPTIN, metformin or metformin ER
bimatoprost ophth soln	Step Therapy requires trial of latanoprost ophth soln
brimonidine ophth soln 0.15%	Step Therapy requires trial of brimonidine ophth soln 0.2%
brinzolamide ophth susp	Step Therapy requires trial of dorzolamide 2% ophth soln
candesartan tab	Step Therapy requires trial of 2: irbesartan, irbesartan/hctz. losartan, or losartan/hctz
candesartan/hydrochlorothiazide tab	Step Therapy requires trial of 2: irbesartan, irbesartan/hctz. losartan, or losartan/hctz
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug
carisoprodol tab	Step Therapy requires trial of 2: cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER
celecoxib cap 400mg	QL= 2 caps/day
dorzolamide/timolol (pf) ophth soln	Step Therapy requires trial of dorzolamide/timolol ophth soln
DUOBRII LOTION	QL=1 tube/30 days; Step Therapy requires trial of a high potency topical steroid
famotidine susp	Step Therapy requires trial of cimetidine or nizatidine
fentanyl patch	QL=15 patches/30 days; Step Therapy requires trial of morphine sulfate ER tab
GLYXAMBI TAB	Step Therapy requires trial of metformin or metformin ER or metformin combinations
granisetron tab	QL= 1 tab/15 days; Step therapy requires trial of ondansetron
halcinonide cream	Step Therapy requires trial of 2 High potency corticosteroids
HYDROXYCHLOROQUINE TAB	Step Therapy requires trial of hydroxychloroquine tab 200mg
JARDIANCE TAB	QL= 1 tab/day; Step Therapy requires trial of metformin or metformin ER or metform combinations
LEVALBUTEROL INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler LEVALBUTEROL INHALER
levalbuterol neb soln	QL= 96 vials/30 days; Step Therapy requires trial of albuterol neb soln
meloxicam cap	QL= 1 cap/day; Step Therapy requires trial of meloxicam, aspirin, naproxen, diclofenac, ketoprofen, oxaprozin, sulindac, or tolmetin
moxifloxacin ophth soln	QL=3 ml/7 days; Step therapy requires trial of ciprofloxacin ophth soln, levofloxacin ophth soln, or ofloxacin ophth soln
olmesartan/hydrochlorothiazide tab	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
OXYCODONE ER TAB 10MG	QL= 3 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 3 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 15MG	QL= 3 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
pimecrolimus cream	Step Therapy requires trial of tacrolimus oint
QTERN TAB	Step Therapy requires trial of metformin or metformin ER or metformin combinations
repaglinide tab	Step Therapy requires trial of metformin or metformin ER

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ropinirole ER tab	Step Therapy requires trial of ropinirole
SEGLUROMET TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER or metformin combinations
SEGLUROMET TAB 2.5-500MG	QL= 4 tabs/day; Step Therapy requires trial of metformin or metformin ER or metformin combinations
SOLTAMAX SOLN	Step Therapy requires trial of tamoxifen tab
STEGLATRO TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER or metformin combinations
STEGLUJAN TAB	Step Therapy requires trial of metformin or metformin ER or metformin combinations
tramadol ER tab	QL= 1 tab/day; Step Therapy requires trial of tramadol tab
tramadol ER tab 100mg	QL= 1 tab/day; Step Therapy requires trial of tramadol tab
tramadol ER tab 200mg	QL= 1 tab/day; Step Therapy requires trial of tramadol tab
tramadol ER tab 300mg	QL= 1 tab/day; Step Therapy requires trial of tramadol tab
travoprost ophth soln	Step Therapy requires trial of latanoprost ophth soln
triamcinolone acetonide oint	Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%
triamterene cap	Step Therapy requires trial of amiloride or spironolactone
TRULICITY INJ	QL= 4 pens/28 days; Step Therapy requires trial of metformin
VALTOCO NASAL SPRAY	Step therapy requires trial of midazolam
VICTOZA INJ	QL= 60ml/30 days; Step Therapy requires trial of: metformin or metformin ER
VYVANSE CAP	QL= 1 cap/day
VYVANSE CHEW TAB	QL= 1 tab/day
WYNZORA CREAM	QL=420 gm/28 days
zolpidem ER tab	QL= 1 tab/day; Step Therapy requires trial of zolpidem tab

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

EOCCO Formulary
Smoking Cessation Agents
Last Updated* 2/1/2022

Drug Name	Tier # for Drug Copay
BUPROPION SR TAB	1
CHANTIX PAK(Limited to180 days/plan year)	2
CHANTIX TAB	2
NICOTINE GUM	1
NICOTINE LOZENGE	1
NICOTINE PATCH	1
NICOTROL INHALER	2
NICOTROL NASAL SPRAY	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abacavir soln	QL= 960ml/30 days
abacavir tab	QL= 2 tabs/day
abacavir/lamivudine tab	QL= 1 tab/day
abacavir/lamivudine/zidovudine tab	QL= 2 tabs/day
abiraterone acetate tab 500mg	QL= 2 tabs/day
acarbose tab	QL=3 tabs/day
acetaminophen/codeine soln	QL= 990ml/30 days
acetaminophen/codeine tab	QL= 12 tabs/day
acetaminophen/codeine tab 300mg/60mg	QL= 6 tabs/day
ACIPHEX SPRINKLE CAP	QL= 1 cap/day
adapalene-benzoyl peroxide gel 0.3-2.5%	
ADMELOG INJ	QL= 60ml/30 days
ADMELOG SOLOSTAR INJ	QL= 60ml/30 days
ADVAIR HFA INHALER	QL= 1 inhaler/30 days
albuterol HFA inhaler	QL= 2 inhalers/30 days
ALECENSA CAP	QL=8 caps/day
ALOGLIPTIN TAB	QL= 1 tab/day; Step Therapy requires trial of ALOGLIPTIN/METFORMIN, ALOGLIPTI metformin
ALOGLIPTIN/METFORMIN TAB	QL= 2 tabs/day; Step Therapy requires trial of ALOGLIPTIN/METFORMIN, ALOGLIPTIN/PIOGLITAZONE, ALOGLIPTIN, metformin or metformin ER
ALVESCO INHALER 160MCG	QL= 2 inhalers/30 days
ALVESCO INHALER 80MCG	QL= 4 inhalers/30 days
amphetamine/dextroamphetamine ER cap	QL=2 caps/day
amphetamine/dextroamphetamine tab	QL= 2 tabs/day
ANDRODERM PATCH 2 MG/24 HR	QL= 2 patches/day
ANDRODERM PATCH 4 MG/24 HR	QL= 1 patch/day
aprepitant cap 125mg	QL= 1 cap/21 days
aprepitant cap 40mg	QL= 1 cap/28 days
APTIOM TAB	QL= 1 tab/day
APTIOM TAB 600MG	QL=2 tabs/day
ARNUITY ELLIPTA INHALER	QL= 1 inhaler/30 days
ASMANEX HFA INHALER	QL= 1 inhaler/30 days
ASMANEX INHALER	QL= 1 inhaler/30 days
atazanavir cap 150mg	QL= 2 caps/day
atazanavir cap 200mg	QL= 2 caps/day
atazanavir cap 300mg	QL= 1 cap/day
atorvastatin tab 10mg	QL= 1 tab/day
atorvastatin tab 20mg	QL= 1 tab/day
atorvastatin tab 40mg	QL= 1 tab/day
atorvastatin tab 80mg	QL= 1 tab/day
atropine ophth soln	QL=1 bottle/30 days
AUSTEDO TAB	QL= 4 tabs/day
AUVI-Q INJ 0.15MG	

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AVONEX INJ	QL=1 inj/28 days
BASAGLAR INJ	QL= 60ml/30 days
BAXDELA TAB	QL= 28 tabs/14 day
b-donna tab	QL= 8 tabs/day
BECONASE AQ NASAL SPRAY	QL= 1 bottle/15 days; 2 fills/month
BENZHYDROCODONE-ACETAMINOPHEN TAB	QL= 12 tabs/day
BENZNIDAZOLE TAB	QL= 360 tabs/365 days
BIKTARVY TAB 30-120-15MG	QL=1 tab/day
BINOSTO TAB	QL= 4 tabs/28 days
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml	QL= 120 units/30 days
budesonide inh susp 1mg/2ml	QL= 60 units/30 days
BUDESONIDE/FORMOTEROL INHALER	QL 1 inhaler/30 days
buprenorphine SL tab	QL= 3 tabs/day
buprenorphine/naloxone sl film 12-3mg	QL= 2 films/day
buprenorphine/naloxone sl film 2-0.5MG	QL= 1 film/day
buprenorphine/naloxone sl film 4-1MG	QL= 1 film/day
buprenorphine/naloxone sl film 8-2mg	QL= 2 films/day
buprenorphine/naloxone SL tab	QL= 90 tabs/30 days
butalbital/acetaminophen tab	QL= 6 tabs/day
butalbital/acetaminophen/caffeine cap	QL=6 caps/day
butalbital/acetaminophen/caffeine/codeine cap	QL= 6 caps/day
butorphanol nasal spray	QL= 1 bottle/15 days; 2 fills/30 days
cabergoline tab	QL=16 tabs/30 days
CALQUENCE TAB	QL=2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
camrese lo tab, lojaimiess tab	QL= 91 tabs/91 days
carbinoxamine tab	QL=240 tabs/30 days
celecoxib cap	QL= 2 caps/day
celecoxib cap 400mg	QL= 2 caps/day
CESAMET CAP	QL= 1 cap/day
cetirizine chew tab	
CHANTIX PAK	Limited to180 days/plan year
chlorzoxazone tab 250mg	QL=4 tabs/day
CIMDUO TAB	QL= 1 tab/day
CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	QL= 1 bottle/7 days
clonidine patch	QL=1 patch/7 days
clopidogrel tab 300mg	QL= 4 tabs/30 days
colchicine tab	QL= 4 tabs/day
COMBIVENT RESPIMAT INHALER	QL= 2 inhalers/30 days
COMPLERA TAB	QL= 1 tab/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CORLANOR SOLN	
CORLANOR TAB	
COSENTYX INJ (1-PACK)	QL=1 inj/28 days
COSENTYX INJ (2-PACK)	QL=2 inj/28 days
COVID-19 HOME COLLECTION TEST KIT	QL= 8 kits/30 days
COVID-19 TEST	QL=8 tests/30 days
COVID-19 TEST SPECIMEN COLLECTION KIT	Q= 8 kits/30 days
CUTAQUIG INJ	QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767
cvs nasal decongestant cap	QL=240 caps/30 days
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/84 days
desloratadine tab	QL= 1 tab/day
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 3 sensors/30 days
DEXCOM G6 TRANSMITTER	QL= 4 transmitters/365 days
DEXILANT CAP	QL=1 cap/day
dexmethylphenidate tab	QL= 2 tabs/day
dextroamphetamine 5mg tab	QL= 3 tabs/day
dextroamphetamine ER cap 10mg	QL= 4 caps/day
dextroamphetamine ER cap 15mg	QL= 4 caps/day
dextroamphetamine ER cap 5mg	QL= 2 caps/day
dextroamphetamine tab 10mg	QL= 6 tabs/day
DIAZEPAM RECTAL GEL	QL= 1 unit/30 days
diazoxide susp	QL=336 ml/30 days
diclofenac gel 1%	QL=400grams/30 days
didanosine DR cap	QL= 1 cap/day
DIFICID SUSP	QL= 126 mL/10 days
DIFICID TAB	QL=20 tabs/10 days
difluprednate ophth emulsion	
dimethyl fumarate DR cap	QL= 2 caps/day
dimethyl fumarate DR starter pack	QL= 2 caps/day
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day
doxycycline monohydrate cap	QL= 2 caps/day
doxycycline monohydrate tab	QL= 2 tabs/day
doxylamine/pyridoxine dr tab	QL= 120 tabs/30 days
DUAKLIR INHALER	QL= 1 inhaler/30 days
DULERA INHALER	QL= 1 inhaler/30 days
DUOBRII LOTION	QL=1 tube/30 days; Step Therapy requires trial of a high potency topical steroid
DUPIXENT INJ	QL=2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
DUREZOL OPHTH EMULSION	
EDLUAR SL TAB 10MG	QL= 1 tab/day
EDLUAR SL TAB 5MG	QL=2 tabs/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
efavirenz/emtricitabine/tenofovir df tab	QL= 1 tab/day
efavirenz/lamivudine/tenofovir df (lo) tab	QL= 1 tab/day
ELIQUIS STARTER PACK	QL= 1 pack /30 days
ELIQUIS TAB 2.5MG	QL= 2 tabs/1 day
ELIQUIS TAB 5MG	QL= 74 tabs/30 days
ELMIRON CAP	QL= 3 caps/day
eluryng vaginal ring	QL=1 ring/21 days
emtricitabine cap	QL= 1 cap/day
emtricitabine/tenofovir disoproxil fumarate tab	QL= 1 tab/day
ENBREL INJ	QL= 8 inj/28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL=4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
enoxaparin inj 100mg	QL= 20ml/30 days
enoxaparin inj 120mg	QL= 16ml/30 days
enoxaparin inj 150mg	QL= 20ml/30 days
enoxaparin inj 300mg	QL= 30ml/30 days
enoxaparin inj 30mg	QL= 6ml/30 days
enoxaparin inj 40mg	QL= 8ml/30 days
enoxaparin inj 60mg	QL= 12ml/30 days
enoxaparin inj 80mg	QL= 16ml/30 days
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
EPINEPHRINE INJ 0.15MG	QL=2 inj/30 days
EPINEPHRINE INJ 0.3MG	QL= 2 inj/30 days
epinephrine pen inj 0.15mg (1-Pack)	QL=2 inj/30 days
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/30 days
epinephrine pen inj 0.3mg (1-Pack)	QL=2 inj/30 days
eplerenone tab	QL= 2 tabs/day
ERLEADA TAB	QL= 4 tabs/day
esomeprazole DR granule pack	QL=1 pack/day
estradiol patch	QL= 8 patches/28 days
ESTROGEL PUMP 1.25GM	QL= 1 bottle/30 days
ETOPOSIDE CAP	QL= 20 caps/30 days
etravirine tab 100mg	QL=4 tabs/day
etravirine tab 200mg	QL=2 tabs/day
everolimus tab	QL=2 tabs/day
everolimus tab for oral susp	
exemestane tab	QL=1 tab/day
EXSERVAN FILM	Only available through PantherRx Pharmacy 855-726-8479; QL=60 films/30 days
ezetimibe tab	QL= 1 tab/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FACTIVE TAB	QL= 7 tabs/30 days
famciclovir tab 125mg	QL= 2 tabs/day
famciclovir tab 250mg	QL= 30 tabs/10 days
famciclovir tab 500mg	QL= 30 tabs/10 days
FARYDAK CAP	QL= 6 caps/21 days; Only available through Walgreens 888-347-3416
febuxostat tab	QL=1 tab/day
felbamate susp	QL= 30ml/day
felbamate tab 400mg	QL= 9 tabs/day
felbamate tab 600mg	QL= 6 tabs/day
FENTANYL BUCCAL TAB	QL= 3 tabs/day
fentanyl patch	QL=15 patches/30 days; Step Therapy requires trial of morphine sulfate ER tab
FENTORA TAB	QL= 3 tabs/day
fexofenadine tab 180mg	
FIRVANQ SOLN 25MG/ML	QL= 300ml/30 days
FLOLIPID SUSP	QL= 300ml/30 days
FLOVENT DISKUS INHALER 250MCG	QL= 2 inhalers/30 days
FLOVENT DISKUS INHALER 50MCG, 100MCG	QL=1 inhaler/30 days
FLOVENT HFA INHALER 110MCG	QL= 1 inhaler/30 days
FLOVENT HFA INHALER 220MCG	QL= 2 inhalers/30 days
FLOVENT HFA INHALER 44MCG	QL=2 inhalers/30 days
fluocinolone acetonide oil	QL=119ml/30 days
fluticasone nasal spray	QL= 16gm/30 days
FLUTICASONE/SALMETEROL INHALER	QL= 1 inhaler/30 days
fluticasone/salmeterol inhaler, wixela inhale	QL= 1 inhaler/30 days
fondaparinux inj 10mg/0.8ml	QL= 8ml/30 days
fondaparinux inj 2.5mg/0.5ml	QL= 5ml/30 days
fondaparinux inj 5mg/0.4ml	QL= 4ml/30 days
fondaparinux inj 7.5mg/0.6ml	QL= 6 ml/30 days
FOSAMAX+D TAB	QL= 4 tabs/28 days
fosamprenavir tab	QL= 4 tabs/day
FREESTYLE INSULINX TEST STRIP	QL= 300 test strips/30 days
FREESTYLE LIBRE 2	QL= 2 sensors/28 days
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY)	QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days
FREESTYLE LITE TEST STRIP	QL= 300 test strips/30 days
FREESTYLE PRECISION NEO TEST STRIP	QL= 300 test strips/30 days
FREESTYLE TEST STRIP	QL= 300 test strips/30 days
FREESTYLE TEST STRIPS	QL= 300 strips/30 days
FULPHILA INJ	QL= 2 syringes/28 days

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
galantamine ER cap	QL= 1 cap/day
galantamine tab	QL= 2 tabs/day
GELNIQUE	QL= 30 packets/30 days
GILENYA CAP	QL= 1 cap/day
glatiramer inj 20mg/ml	QL= 30 syringes (30ml)/30 days
glatiramer inj 40mg/ml	QL= 12 syringes (12ml)/28 days
GLOPERBA SOLN	QL= 300ml/30 days
glycopyrrolate oral soln	QL=9 ml/day
granisetron tab	QL= 1 tab/15 days; Step therapy requires trial of ondansetron
GRANIX INJ	QL=14 vials/28 days
GVOKE INJ KIT	QL=2 vials/fill, 2 fills/30 days
HEMADY TAB	QL= 8 tabs/30 days
HUMALOG MIX 50-50 KWIKPEN	QL= 60ml/30 days
HUMALOG MIX INJ	QL= 60ml/30 days
HUMIRA INJ 10MG	QL= 2 syringes/28 days
HUMIRA INJ 20MG	QL= 2 syringes/28 days
HUMIRA INJ 40MG	QL= 2 syringes/28 days
HUMIRA INJ 80MG	QL =3 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL=3 syringes/28 days
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER PACK	QL=1 pack/28 days
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN 40MG	QL= 2 pens/28 days
HUMIRA PEN 80MG	QL=3 syringes/28 days
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
HUMULIN MIX INJ	QL= 60ml/30 days
HUMULIN MIX PEN INJ	QL= 60ml/30 days
HUMULIN N INJ	QL= 60ml/30 days
HUMULIN N PEN INJ	QL= 60ml/30 days
HUMULIN R INJ	QL= 60ml/30days
HUMULIN R INJ U-500	QL= 40ml/30 days
HUMULIN R U-500 KWIKPEN INJ	QL= 24ml/30 days
hydrocodone bitartrate er tab	QL= 1 tab/day
hydrocodone/acetaminophen soln	QL= 90ml/day
hydrocodone/acetaminophen tab 10-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 5-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 7.5mg-325mg	QL= 12 tabs/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ibandronate tab 150mg	QL=1 tab/28 days
IBRANCE CAP	QL= 21 caps/28 days; Only available through Walgreens 888-347-3416
IBRANCE TAB	QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416
icosapent ethyl cap 1gm	QL= 4 caps/day
IMBRUVICA CAP 140MG	QL=4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL=1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB	QL=1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
INCRUSE ELLIPTA INHALER	QL= 1 inhaler/30 days
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INGREZZA CAP 40MG	QL= 2 cap/days; Only available through PantherRx Pharmacy 855-726-8479
INSULIN ASPART FLEXPEN INJ	QL= 60ml/30 days
INSULIN ASPART INJ	QL= 60ml/30 days
INSULIN ASPART MIX FLEXPEN INJ	QL= 60ml/30 days
INSULIN ASPART MIX INJ	QL= 60ml/30 days
INSULIN ASPART PENFILL INJ	QL= 60ml/30 days
INSULIN LISPRO INJ	QL= 60ml/30 days
INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 60ml/30 days
INSULIN LISPRO PROTAMINE INJ	QL= 60ml/30 days
ISOXSUPRINE TAB	QL=4 tabs/day
ivermectin cream	QL= 45gm/30 days
JARDIANCE TAB	QL= 1 tab/day; Step Therapy requires trial of metformin or metformin ER or metformin combinations
JORNAY PM CAP	QL=1 cap/day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ketorolac tab	QL= 20 tabs/30 days
KEVEYIS TAB	QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
lamivudine soln	QL= 960ml/30 days
lamivudine tab 150mg	QL= 2 tabs/day
lamivudine tab 300mg	QL= 1 tab/day
lamivudine/zidovudine tab	QL= 2 tabs/day
LEVALBUTEROL INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler or LEVALBUTEROL INHALER
levalbuterol neb soln	QL= 96 vials/30 days; Step Therapy requires trial of albuterol neb soln
levocetirizine soln	QL= 10ml/day
LINZESS CAP	QL= 1 cap/day
LIVALO TAB	QL= 1 tab/day
LONSURF TAB	QL= 80 tabs/28 days; Only available through Walgreens 888-347-3416
lopinavir/ritonavir soln	QL= 480ml/30 days
lopinavir-ritonavir tab 100-25mg	QL=2 tabs/day
lopinavir-ritonavir tab 200-50mg	QL=4 tabs/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
loteprednol etabonate ophth gel	QL= 5 grams/28 days
lovastatin tab	QL= 2 tabs/day
LUCEMYRA TAB	QL= 224 tabs/14 days
LYUMJEV	
LYUMJEV KWIKPEN	
MAVYRET PAK	QL=5 packets/day
MAVYRET TAB	QL= 3 tabs/day
medroxyprogesterone inj	QL= 1 inj/84 days
meloxicam cap	QL= 1 cap/day; Step Therapy requires trial of meloxicam, aspirin, naproxen, diclofena ketoprofen, oxaprozin, sulindac, or tolmetin
memantine ER cap	QL= 1 cap/day
memantine titrapak	QL= 49 tabs/28 days
mesalamine DR cap	QL= 6 caps/day
mesalamine DR tab 1.2 GM	QL 120 tabs/30 days
mesalamine ER cap	QL= 4 caps/day
mesalamine supp	QL= 1 supp/day
mesalamine tab	QL=180 tabs/30 days
methadone soln	QL= 4 ml/day
methadone tab 10mg	QL= 4 tabs/day
methadone tab 5mg	QL= 8 tabs/day
methadose tab	QL= 1 tab/day
methylphenidate CD cap	QL= 1 cap/day
methylphenidate chew tab	QL= 3 tabs/day
methylphenidate ER cap 10mg	QL= 1 cap/day
methylphenidate ER cap 20mg	QL= 2 caps/day
methylphenidate ER cap 30mg	QL= 2 caps/day
methylphenidate ER cap 40mg	QL= 1 cap/day
methylphenidate ER cap 60mg	QL= 1 cap/day
METHYLPHENIDATE ER TAB	QL= 2 tabs/day
methylphenidate ER tab 10mg	QL= 3 tabs/day
methylphenidate ER tab 18mg	QL= 2 tabs/day
methylphenidate ER tab 20mg	QL= 3 tabs/day
methylphenidate ER tab 27mg	QL= 2 tabs/day
methylphenidate ER tab 36mg	QL= 2 tabs/day
methylphenidate ER tab 54mg	QL= 2 tabs/day
METHYLPHENIDATE ER TAB 72MG	QL= 2 tabs/day
methylphenidate soln 10mg/5ml	QL= 900ml/30 days
methylphenidate soln 5mg/5ml	QL= 1800ml/30 days
methylphenidate tab	QL= 3 tabs/day
metyrosine cap	QL= 448 caps/28 days
MOLNUPIRAVIR CAP	QL=40 caps/fill
morphine sulfate ER cap 100mg	QL= 2 caps/day
morphine sulfate ER cap 10mg	QL= 2 caps/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
morphine sulfate ER cap 30mg	QL= 2 caps/day
morphine sulfate ER tab	QL= 3 tabs/day
moxifloxacin ophth soln	QL=3 ml/7 days; Step therapy requires trial of ciprofloxacin ophth soln, levofloxacin ophth soln, or ofloxacin ophth soln
MULPLETA TAB	QL= 7 tabs/fill, 3 fills/365 days; Only available through Lumicera 855-847-3553
MYTESI TAB	QL= 2 tabs/day
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days
naratriptan tab	QL= 9 tabs/30 days
NATACYN OPHTH SUSP	QL=45 ml/30 days
NATPARA INJ	QL=2 inj/28 days; Only available through Walgreens 888-347-3416
NEUPRO PATCH	QL= 1 patch/day
NEVIRAPINE ER TAB	QL= 1 tab/day
NEVIRAPINE SUSP	QL=1200 ml/30 days
nevirapine tab	QL= 2 tabs/day
NEXIUM GRANULE PACK 2.5MG	QL= 1 pack/day
NEXIUM GRANULE PACK 5MG	QL= 1 pack/day
nilutamide tab	QL= 2 tabs/day
NIVESTYM INJ	QL=14 vials/28 days
NON-PREFERRED CGM RECEIVER	QL=1 receiver/year
NOVOLIN 70/30 FLEXPEN INJ	QL= 60ml/30 days
NOVOLIN 70/30 INJ	QL= 60ml/30 days
NOVOLIN N FLEXPEN INJ	QL=60ml/30 days
NOVOLIN N INJ	QL= 60ml/30 days
NOVOLIN N RELION INJ	QL= 60ml/30 days
NOVOLIN R FLEXPEN INJ	QL= 60ml/30 days
NOVOLIN R INJ	QL= 60ml/30 days
NOVOLIN RELION INJ 70/30	QL= 60mls/30 days
NOVOLIN VIAL	QL= 60ml/30 days
NUCALA INJ	QL= 1 inj/28 days
NUCYNTA ER TAB	QL= 2 tabs/day
NUEDEXTA CAP	QL= 2 caps/day
omeprazole DR cap	QL=1 cap/day
OMEPRAZOLE DR TAB	QL= 2 tabs/day
omeprazole magnesium delayed release tal	QL= 1 tab/day
omeprazole tab	QL=2 tabs/day
ondansetron ODT 4 MG	QL=6 tabs/day
ondansetron ODT 8 MG	QL=3 tabs/day
ondansetron soln 4 MG/5 ML	QL= 5ml/day
ONDANSETRON TAB 24MG	QL= 1 tab/30 days
ondansetron tab 4 MG	QL=6 tabs/day
ondansetron tab 8 MG	QL=90 tabs/30 days
ORKAMBI GRANULES PACKET	QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
oseltamivir cap 30mg	QL= 28 caps/90 days, 1 fill/120 days
oseltamivir cap 45mg	QL= 14 caps/90 days, 1 fill/120 days
oseltamivir cap 75mg	QL= 14 caps/90 days, 1 fill/120 days
oseltamivir susp	QL= 120ml/10 days, 1 fill/120 days
oxybutynin ER tab 10 MG	QL=2 tabs/day
oxybutynin ER tab 5 MG	QL=1 tab/day
oxybutynin syrup	QL=20ml/day
oxybutynin tab	QL=4 tabs/day
oxycodone cap	QL= 16 caps/day
oxycodone conc	QL= 240 syringes/30 days
OXYCODONE ER TAB 10MG	QL= 3 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 3 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
oxycodone soln	QL= 2400ml/30 days
oxycodone tab 10mg	QL= 8 tabs/day
oxycodone tab 15mg	QL= 5.34 tabs/day
oxycodone tab 20mg	QL= 4 tabs/day
oxycodone tab 30mg	QL= 2 tabs/day
oxycodone tab 5mg	QL= 16 tabs/day
oxycodone/acetaminophen tab 10-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 5-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 7.5-325mg	QL= 12 tabs/day
OXYCONTIN TAB 15MG	QL= 3 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
oxymorphone ER tab 30mg	QL= 4 tabs/day
oxymorphone ER tab 40mg	QL= 4 tabs/day
OXYTROL PATCH (OTC)	QL= 1 patch/3 days
OZOBAX SOLN	QL=80ml/day
pantoprazole EC tab	QL=2 tabs/day
pantoprazole packet	QL=1 packet/day
PAXLOVID TAB	QL=30 tabs/fill
pb-belladonna elixir	QL= 1200ml/30 days
peg 3350/electrolytes soln	QL= 2 fills/calendar year
PEGASYS INJ	QL=2 inj/28 days
penicillamine tab	QL= 480 tabs/30 days
pentamidine neb soln	QL=1 vial/month
pioglitazone tab	QL= 1 tab/day
pioglitazone/metformin tab	QL= 3 tabs/day
POMALYST CAP	QL= 21 caps/28 days; Only available through Walgreens 888-347-3416
PRADAXA CAP	QL= 2 tabs/day
pramipexole ER tab	QL= 1 tab/day
prasugrel tab	QL= 1 tab/day
pravastatin tab	QL= 1 tab/day
PRECISION XTRA KETONE TEST STRIP	QL=300 strips/30 days

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
PRECISION XTRA TEST STRIP	QL= 300 test strips/30 days
pregabalin cap 100mg	QL= 3 caps/day
pregabalin cap 150mg	QL= 3 caps/day
pregabalin cap 200mg	QL= 3 caps/day
pregabalin cap 225mg	QL= 3 caps/day
pregabalin cap 25mg	QL= 3 caps/day
pregabalin cap 300mg	QL= 3 caps/day
pregabalin cap 50mg	QL= 3 caps/day
pregabalin cap 75mg	QL= 3 caps/day
pregabalin soln	QL= 30ml/day
PREZISTA TAB 800MG	QL= 1 tab/day
pseudoephedrine ER tab 120mg	QL= 2 tabs/day
pseudoephedrine tab 30mg	QL= 8 tabs/day
pseudoephedrine tab 60mg	QL= 4 tabs/day
PULMICORT FLEXHALER	QL= 2 inhalers/30 days
QBREXZA PAD	QL= 1 pad/day
QELBREE ER CAP	
QUILLICHEW ER TAB	QL= 1 tab/day
QUILLICHEW ER TAB 20MG	QL=3 tabs/day
QUILLICHEW ER TAB 30MG	QL=2 tabs/day
quinidine sulfate tab	QL=8 tabs/day
QVAR REDIHALER	QL= 2 inhalers/30 days
RABEPRAZOLE SPRINKLE CAP	QL= 1 cap/day
raloxifene tab	QL= 1 tab/day
rasagiline tab	QL= 1 tab/day
RAYALDEE CAP	QL= 1 cap/day
RELAFEN DS TAB	QL= 2 tabs/day
RELENZA DISKHALER	QL= 1 inhaler/fill, 1 fill/month
REPREXAIN TAB	QL=16 tabs/30 days
RETACRIT INJ	QL= 4 vials/30 days
riluzole tab	QL=2 tabs/day
risedronate tab 30mg	QL= 1 tab/day
risedronate tab 35mg	QL= 4 tabs/28 days
risedronate tab 5mg	QL= 1 tab/day
ritonavir tab	QL= 12 tabs/30 days
rizatriptan ODT	QL= 12 tabs/30 days
rizatriptan tab	QL= 12 tabs/30 days
rosuvastatin tab	QL= 1 tab/day
RUBRACA TAB	QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
RUZURGI TAB	QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
SAVAYSA TAB	QL= 1 tab/day
scopolamine patch	QL= 10 patches/30 days

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SEGLUROMET TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER or metformi combinations
SEGLUROMET TAB 2.5-500MG	QL= 4 tabs/day; Step Therapy requires trial of metformin or metformin ER or metformi combinations
selegiline tab	QL=2 tabs/day
SEREVENT DISKUS INHALER	QL= 2 inhalers/30 days
SHINGRIX INJ	Covered for members age 18 or older; QL= 2 inj/lifetime
sildenafil susp	QL= 224ml/30 days
sildenafil tab 20mg	QL= 3 tabs/day
simvastatin tab 5mg, 10mg, 20mg, 40mg	QL= 1 tab/day
simvastatin tab 80mg	QL= 1 tab/day
SIVEXTRO TAB	QL=6 tabs/fill
SKYRIZI INJ	QL=1 inj/84 days
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
solifenacin tab	QL= 1 tab/day
SOLOSEC GRANULES PACKET	QL= 2 packets/28 days
SPIRIVA HANDIHALER	QL= 1 cap/day; For use with Handihaler device
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	QL= 1 inhaler/30 days
stavudine cap	QL= 2 caps/day
stavudine soln	QL= 2400ml/30 days
STEGLATRO TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin or metformin ER or metformi combinations
STIVARGA TAB	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
STRENSIQ INJ 18MG/.45ML	QL= 24 vials/28 days; Only available through PantherRx Pharmacy 855-726-8479
STRENSIQ INJ 28MG/0.7ML	QL= 24 vials/28 days; Only available through PantherRx Pharmacy 855-726-8479
STRENSIQ INJ 40 MG/ML	QL= 24 vials/28 days; Only available through PantherRx Pharmacy 855-726-8479
STRENSIQ INJ 80MG/0.8ML	QL= 24 vials/28 days; Only available through PantherRx Pharmacy 855-726-8479
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
SUBSYS SPRAY	QL= 4 sprays/day
sulfadiazine tab	QL=8 tabs/day
sumatriptan nasal spray	QL= 6 sprays/30 days
sumatriptan tab	QL= 9 tabs/30 days
sunitinib malate cap	QL= 1 cap/day, Only available through Ardon 855-425-4085
SYMDEKO TAB	QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
SYMPROIC TAB	QL= 1 tab/day
TABLOID TAB	QL= 4 tabs/day
tadalafil tab	
tadalafil tab (PAH)	QL= 2 tabs/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TASIGNA CAP	QL=2 caps/day
tenofovir disoproxil fumarate tab	QL= 1 tab/day
terbinafine tab	QL=1 tab/day
terconazole cream 0.4%	QL=45 gm/fill
terconazole cream 0.8%	QL=20 gm/fill
terconazole supp	QL=3 supps/fill
TERIPARATIDE INJ	QL= 2.48ml/28 days
TEST STRIP (all other test strips)	QL= 300 test strips/30 days
testosterone gel 1% 25mg	QL=2.5 gm/day
testosterone gel pump 1.62%	QL=150 gm/30 days
tiagabine tab 12mg	QL= 4 tabs/day
tiagabine tab 16mg	QL= 3 tabs/day
tiagabine tab 2mg	QL= 4 tabs/day
tiagabine tab 4mg	QL= 4 tabs/day
tiopronin tab	Only available through Eversana 636-519-2400; QL=8 tabs/day
TIVICAY PD TAB	QL= 180 tabs/30 days
TIVICAY TAB	QL=2 tabs/day
TOBI PODHALER	QL= 1 inhaler/56 days
tobramycin neb soln	QL= 280ml/30 days
tolterodine tab	QL=2 tabs/day
tolvaptan tab	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
topiramate ER cap 150mg	QL= 2 caps/day
topiramate ER cap 200mg	QL= 2 caps/day
tramadol ER tab	QL= 1 tab/day; Step Therapy requires trial of tramadol tab
tramadol ER tab 100mg	QL= 1 tab/day; Step Therapy requires trial of tramadol tab
tramadol ER tab 200mg	QL= 1 tab/day; Step Therapy requires trial of tramadol tab
tramadol ER tab 300mg	QL= 1 tab/day; Step Therapy requires trial of tramadol tab
TRAMADOL HCL TAB 100MG	QL= 4 tabs/day
tramadol/acetaminophen tab	QL= 6 tabs/day
tranexamic acid tab	QL= 6 tabs/day | 30 tabs/28 days
TRELEGY ELLIPTA INHALER	QL= 1 inhaler/30 days
trilyte soln	QL= 2 fills/calendar year
trospium chloride SR cap	QL=1 tab/day
trospium tab	QL=2 tabs/day
TRULANCE TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days; Step Therapy requires trial of metformin
TUDORZA PRESSAIR INHALER	QL= 1 inhaler/30 days
TUXARIN ER TAB	QL= 20 tabs/day
TYMLOS INJ	QL= 1.56ml/28 days
vancomycin cap 125mg	QL= 56 caps/30 days
vancomycin cap 250mg	QL= 112 caps/30 days
VEMLIDY TAB	QL= 1 tab/day
VEREGEN OINT	QL=30 gm/30 days

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VERZENIO TAB	QL= 2 tabs/day
VICTOZA INJ	QL= 60ml/30 days; Step Therapy requires trial of: metformin or metformin ER
VIMPAT TAB 50MG	QL=2 tab/day
voriconazole susp	QL=15ml/day
voriconazole tab	QL=3 tabs/day
VOSEVI TAB	QL= 1 tab/day
VYVANSE CAP	QL= 1 cap/day
VYVANSE CHEW TAB	QL= 1 tab/day
WYNZORA CREAM	QL=420 gm/28 days
XARELTO STARTER PACK	QL= 1 pack/30 days
XARELTO SUSP	QL=10ml/day
XARELTO TAB 10MG	QL= 30 tabs/30 days
XARELTO TAB 15MG	QL= 60 tabs/30 days
XARELTO TAB 2.5MG	QL= 60 tabs/30 days
XARELTO TAB 20MG	QL=30 tabs/30 days
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 2 tabs/day
XOFLUZA TAB	
XTAMPZA ER CAP 13.5MG	QL= 3 caps/day
XTAMPZA ER CAP 18MG	QL= 3 caps/day
XTAMPZA ER CAP 27MG	QL= 3 caps/day
XTAMPZA ER CAP 36MG	QL= 3 caps/day
XTAMPZA ER CAP 9MG	QL= 3 caps/day
zaleplon cap	QL= 2 caps/day
ZARXIO INJ	QL=14 syringes/28 days
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
zenzedi tab 10mg	QL= 3 tabs/day
zenzedi tab 5mg	QL= 3 tabs/day
zephrex-d tab 30mg	QL= 240 tabs/30 days
ZETONNA NASAL SPRAY	QL= 1 bottle/30 days
zidovudine cap	QL= 6 caps/day
zidovudine syrup	QL= 1920ml/30 days
zidovudine tab	QL= 2 tabs/day
ZIEXTENZO INJ	QL=2 inj/28 days
zolmitriptan ODT	QL= 6 tabs/30 days
zolmitriptan tab	QL= 6 tabs/30 days
zolpidem ER tab	QL= 1 tab/day; Step Therapy requires trial of zolpidem tab
zolpidem tab 10 MG	QL=1 tab/day
zolpidem tab 5 MG	QL=2 tabs/day
ZOLPIMIST SPRAY	QL= 1 bottle/30 days
ZYPITAMAG TAB	QL= 1 tab/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Nondiscrimination notice

eocco
EASTERN OREGON COORDINATED CARE ORGANIZATION

We follow state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation.

Everyone has the right to know about our programs and services.
All members have a right to use our programs and services. We give free help when you need it. Some examples of free help we can give are:

- Sign language interpreters
- Written material in other languages
- Spoken language interpreters for other languages
- Braille
- Large print
- Audio and other formats

If you need any of the above, call Customer Service at:

888-788-9821 (TDD/TTY 711)

If you think we did not offer these services or treated you unfairly, you can file a written complaint. Please mail or fax it to:

EOCCO
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

Nick Gross coordinates our nondiscrimination work:

Nick Gross,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
503-952-5033
compliance@eocco.com

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

You can also file a complaint with the Oregon Bureau of Labor and Industries (BOLI) or the Oregon Health Authority

Oregon Bureau of Labor and Industries
800 NE Oregon St., Suite 1045
Portland, Oregon 97232
971-673-0761
help@boli.state.or.us

OHA Office of Equity and Inclusion
Attn: Diversity, Inclusion &
Civil Rights Manager
421 SW Oak Street, Suite 750
Portland, OR 97204
844-882-7889
OHA.PublicCivilRights@state.or.us

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711)

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hổ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم 1-877-605-3229 (الهاتف النصي: 711)

توجہ دیں: اگر آپ اردو بولتے ہیں تو لسانی (URDU) اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ 1-877-605-3229 (TTY: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzdienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TYY、テレタイプライターをご利用の方は711）までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនសំរាប់អ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)